Health-seeking behaviour is conceptualised as a ‘sequence of remedial actions’ taken to rectify ‘perceived ill-health’ (Ahmed et al., 2000). It clearly varies for the same individuals or communities when faced with different illnesses. It also varies according to cultural and ethnic background. The health-seeking behavior includes “all meanings and activities a person and his/her networks engage in response to symptoms”. It “includes symptom recognition, self-care, symptom communication and lay referral, traditional and biomedical care, and treatment adherence/compliance” (Christakis et al., 1994).

Although pregnancy is not a disease but a normal physiological process, it is associated with certain risks in every society. Human reproduction is influenced by the members of the society as pregnancy and childbirth are intertwined with functions of religion, family, marriage and kinship. It is therefore why pregnancy is accorded great significance by the society.

When compared to other southern states in India, Karnataka has the worst record for maternal deaths and mortalities which is 178 per 100000 live births. Although urban mortality statistics are comparative—better than the rural, there is a wide disparity between the urban rich and poor resulting in the absence of factual representation of urban slums in the existing urban statistics. It is because; the poor maternal health-status of the slum-dwellers usually gets obscured by the statistics when compared to the relatively well-off urbanites. The worst-affected picture is of those living in the densely-packed urban slums where access to quality maternal healthcare is limited. Access to water, sanitation and healthcare services, income, living conditions, unstable occupations yielding low incomes etc., are a major source of many conflicts facing the slums. These factors in combination with the norms, values, beliefs, social institutions and the concepts of acceptability and adaptability embedded in a cultural-setting become the cumulative driving forces behind maternal-health and the health services in turn are destined to face the challenge of meeting the quality services.

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Understanding of slum culture is very crucial to gain insight into health-seeking behaviour of the people. This is an attempt to understand and examine the determinants influencing health-seeking behaviour during the ante natal period among the women of Jannath-Nagar slum. Data was collected by subjecting women to in-depth interviews. Findings reveal that the pregnancy period is governed by the health-seeking behavior which rests on the beliefs of the people in a context. The present study highlights the importance of contextual influences on health outcomes. Factors promoting ‘good’ health-seeking behaviors are not rooted solely in the individual, but they have a more dynamic, collective, interactive element for and that is nothing but the community.

INTRODUCTION

Health-seeking behaviour is a conceptually important and highly influential phenomenon. It is a sequence of remedial actions taken to rid oneself of ‘perceived ill-health’ (Ahmed et al., 2000). It clearly varies for the same individuals or communities when faced with different illnesses. It also varies according to cultural and ethnic background. The health-seeking behavior includes “all meanings and activities a person and his/her networks engage in response to symptoms”. It “includes symptom recognition, self-care, symptom communication and lay referral, traditional and biomedical care, and treatment adherence/compliance” (Christakis et al., 1994).

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should not cross the hall or, nadiya (rivers, streams and lakes), and if she does so then dhoka hota hai or hotti hogtaiti (loss of foetus or abortion). That is the reason why a woman is strictly prohibited to travel to other places especially in the first trimester as this period is a sensitive period and can be influenced by supernatural world.

Kubsa or godh bharna is a ritual that is performed by the families believing in it. Majority of the Muslim families do not perform the godh bharna ritual. It is because, either their family does not have this tradition or have stopped the tradition. Reason for not performing the ritual or discontinuing the ritual is to avoid the dhoka. Dhoka is referred to a calamity befalling the family. And it can be in the forms of accidents, deaths, abortions. In other words it refers to loss of life. But the same families believe that the dhoka gets eliminated in case of the godh bharna performed by some other families who are residents of the area or of some other places.

The rationale behind performing Godh bharna is equated with the concept of worshipping fasal and kheta (agricultural produce and fields). A farmer worships his field, standing crops and agricultural produce with a belief that worshipping mother earth before sowing will maintain the equilibrium for the crops, worshipping before and after harvesting results in better produce. Similarly godh bharna and kubsa is a ritual performed for pregnant women so that women (aurtya) and baby and foetus (bacche) should not undergo dhoka later on.

Another important element that is strictly followed is the moment a woman reveals to the family members that she has conceived, she is given whatever she desires for till her delivery if the economic standards clubbed with cultural norms of the family especially with regards to food, clothing and movements permits to do so. If it remains unfilled then bacche ko (baby) dhoka hota hai for example; kivi sortaiti (the ears leak). Hence, people strictly follow all those beliefs and practices which impact on mother’s health and especially the foetal health.

The rationale behind performing Godh bharna is that it goes a long way towards promoting a change in individual behavior, and towards more beneficial health-seeking behavior. Nevertheless, there is a growing recognition, in both developed and developing countries that, providing education and knowledge at the individual level is not sufficient to promote a change in behavior. In recent years, there has been growing recognition of the importance of contextual influences on health outcomes; in particular. Several studies have found significant effects of community-level factors on reproductive health outcomes. They focus on the individual as a purposive and decisive agent, and managing health and ill-health, and interactions with the health providers.

Health promotion programmes throughout the world, have been delivering the services on the basis of an underlying assumption that, providing knowledge about causes of ill-health and choices available will go a long way towards promoting a change in individual behavior, and towards more beneficial health-seeking behavior. Nevertheless, there is a growing recognition, in both developed and developing countries that, providing education and knowledge at the individual level is not sufficient to promote a change in behavior. In recent years, there has been growing recognition of the importance of contextual influences on health outcomes; in particular. Several studies have found significant effects of community-level factors on reproductive health outcomes. They focus on the individual as a purposive and decisive agent, and show that factors promoting ‘good’ health-seeking behaviors are not rooted solely in the individual, but they have a more dynamic, collective, interactive element for and that is nothing but the community.

REFERENCES