



Determinants of Bio Cultural Vulnerability and Health Care Fallacies Among Two Major Ethnic Group Inhabitants of Eastern Uttar Pradesh

Vineet Kumar Verma

Research Scholar, Department of Anthropology, University of Delhi, Delhi

A.K.Kapoor

Professor, Department of Anthropology, University of Delhi, Delhi

ABSTRACT

India's achievements in the field of rural health care delivery have been less than satisfactory and that burden of diseases among the rural Indian population remains high. The present study is to understand the determinants of bio-cultural vulnerability and their emerging threat among Rajput and Sonar of eastern Uttar Pradesh State. This study attempts to deal with aspects that have a bearing on the health status and health care system particularly of the two dominant caste groups i.e. Rajput and Sonar. The so called determinants of health are medicinal practices, perception about health and new health care interventions - play a crucial role in the health status of the both caste group. The present study looks into the factors relating to health care services among Sonar and Rajput of eastern U.P, but it is a matter of fact that the better health achievements of the State are not truly reflected in all sections of population.

KEYWORDS : Health status, Health care system, Disease, NRHM, MCH (Maternal and Child health)

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. 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. 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. The present study is to review the various health care systems and services and their utilization among the Rajput and Sonar of Eastern U.P.

Objective

The construction of the universe of disease and cure by the people inhabiting this area mediated by their culture (modern & traditional belief), and other economic and organizational factors towards aspect of their health and illness, might affect self to health care-seeking behaviour among population.

Materials and methods

Study location

The present study was undertaken in the rural areas of Uttar Pradesh with two caste groups of Bhatpar Rani, Deoria District (Eastern Region of Uttar Pradesh).

Sample design

There are 326 villages spread out regions in tehsil Bhatpar Rani, the sample has been drawn with consideration to the regions, most of the area are dominated by Rajput and Sonar. Now as for the sample division from sampled village, 400 household were selected from both caste group. The total sample size selected for the study includes 800 households, taken equally from both the caste group.

Table 1- Population covered by the Study

Caste	Number of Households	Number of Persons	Size of the Households	Percent
Rajput	400	2040	5.1	54.3
Sonar	400	1720	4.3	45.7
Total	800	3760	4.7	100.0

Methods and Procedure

The information in health aspects of the respondents were collected with the help of an interview schedule prepared for the study. The respondents were interviewed at their residence and community were judged by observation, group discussion and informal interview and

discussion with the subjects. The design of the study is both analytical and empirical. Key informant interview were conducted among the health professionals, social workers, academicians, and other activists. Thus the data collected are both quantitative and qualitative ones. In order to gather primary data, the researcher selected 800 active head of households from area, giving equal representation to both the group. An interview schedule was prepared, tested through pilot study and data was collected. The unit of analysis was head of households.

Data Analysis

The data analysis was done using the Statistical Package for Social Sciences (IBM SPSS Statistics 17.0).

Ethical consideration

Ethical clearance was obtained from the Departments of Anthropology; for this study. The research was approved by the Ethics Committee of University of Delhi, Delhi - 110007.

Result and Discussion

In particular, this study attempts to understand the level of health awareness among both caste group and their attitudes towards the health care system. It is also aimed at describing the health care practices that exist among them and the utilisation of health care facilities. Through personal interview major comments and people's perspectives regarding health programmes are analysed.

Periodic medical check up

It is very important to conduct periodical medical check up. It is only 8.5 percent in Rajput who regularly conduct periodical medical check up and more percent do not; where in Sonar it is about 29.7 % which show their better attitude towards health. Both the caste group not in position of satisfactory regarding medical check-up i.e. 80.9% show negative aspects of medical check up.

Table 2- Details of the distribution of the periodic medical check up

Periodic medical check up	Caste Group				Total	
	Rajput		Sonar			
	No	%	No	%	No	%
Yes	34	8.5	119	29.7	153	19.1
No	366	91.5	281	70.3	647	80.9
Total	400	100	400	100	800	100

Whereas ideologically more of them want to involve in medical

check-up; the percentage of Sonar community is more in compare to Rajput. 291 household head wants to go for proper medical check-up, but 178 Rajput agree with its healthy awareness.

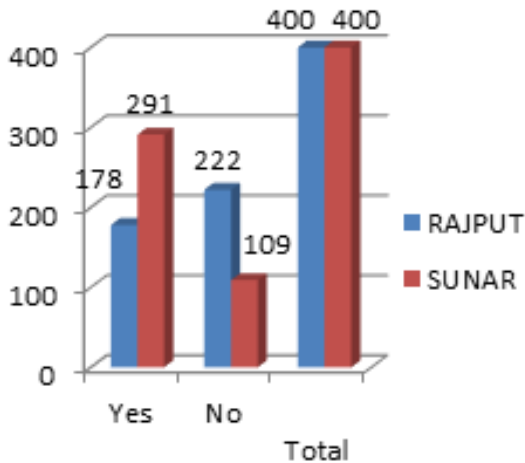


Figure 1- Thinks of Regular Health Check-Up Attitude and Awareness towards Herbal Medicine

In this new knowledgeable generation, people are very much aware of the negative impact of modern medicine and there is conscious attempt towards herbal medicine and promotion of kitchen garden at the household level. There are 76.3% household among Rajput and 82.7% among Sonar that have heard of herbal medicine but do not use it. There are only few that are about 17% of both caste group people who use herbal medicines in which percentage of Rajput are higher than Sonar that is about 22.2%. This shows that there are informal means of knowing about health aspects, but formal ways are not made use of herbal medicines, about 23% of total household do not know about herbal medicine from both the community.

Table 3- Caste wise distribution of Knowledge and using of herbal medicine

Do you use herbal medicine?	Caste Group				Total	
	Rajput		Sonar			
	No	%	No	%	No	%
Yes	89	22.2	52	13	141	17.7
No	305	76.3	331	82.7	636	79.5
Do not Know	6	1.5	17	4.3	23	2.8
Total	400	100	400	100	800	100

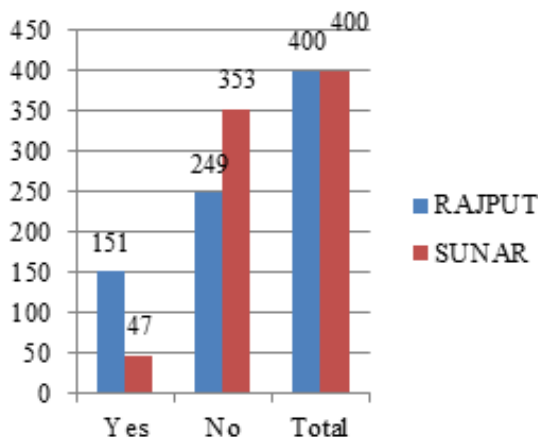


Figure 2 - Seek the help of the Ethnomedical Practitioner for the Disease/Sickness or Illness

Information source on family planning

The sources of information on practising of family planning among people are mainly from an informal group and people than the audio or visual media that is about 3.6 and 28.1%. Own parents and friends are 6.3 and 7.6 percent of total population, there as source of information but are not that decisive key informants, but only few one, number of people who did not have access to any type of source of information regarding family planning is about 544 (42.1%) people. Significance regarding information source on family planning in both the caste group is not found.

Table 4- Caste wise distribution of source of information regarding family planning

Sources	Caste Group				Total	
	Rajput		Sonar			
	No	%	No	%	No	%
Radio	29	4.1	18	3.1	47	3.6
Television	171	24.6	192	32.1	363	28.1
Newspaper/Magazine	27	3.8	31	5.2	58	4.4
Parents	38	5.4	43	7.1	81	6.3
Friends	42	6.1	57	9.5	99	7.6
Other	77	11.1	26	4.3	103	7.9
Total	384	55.1	367	61.3	751	57.9
Missing System	313	44.9	231	38.7	544	42.1
Total	697	100	598	100	1295	100

Periodic visit for health care

In general Rajput to a great extent depends on PHC 26.2% and Govt Hospital 32.3%. There are many responses related to government hospital facilities and more percent of the Sonar have negative remarks related to its facilities. The majority of Rajput opines that the free treatment and medicine are the main attraction. 41% of Sonar household prefers private institutions mainly because of its physical proximity, good dealings, hygienic conditions, availability of staff and convenient timing; in compare to Rajput it make large gap between both the caste groups i.e. about 13.2% only. The only negative remark is related to its too costly medical expenditure, not affordable to all.

Table 5- Caste wise distribution periodic visit for health care

Where do you pay periodic visit for your health care?	Caste Group				Total	
	Rajput		Sonar			
	No	%	No	%	No	%
NIL	87	21.7	42	10.5	129	16.1
PHC	105	26.2	68	17	173	21.7
Govt. Hospital	129	32.3	37	9.3	166	20.8
Pvt. Clinic	53	13.2	164	41	217	27.1
Pvt. Hospital	18	4.6	76	19	94	11.7
Others	8	2	13	3.2	21	2.6
Total	400	100	400	100	800	100

Preferred System of Medicine among the Sonar and Rajput

Among the Rajput, 85.3 percent households and Sonar are about 79.7 percent prefer Allopathic in compare to Homeopathy it is about 3 to 11.7 respectively; the general trend of Ayurveda is 9 to 7 respectively that is low among Sonar in compare to the Rajput. In the case of Homeopathy, the Sonar households have better preference for homeopathy than Ayurveda.

Table 6- Caste wise preference and practice of system of medicine

System of medicine	Caste Group				Total	
	Rajput		Sonar			
	No	%	No	%	No	%

Allopathic	341	85.3	319	79.7	660	82.5
Homeopathy	12	3	47	11.7	59	7.3
Ayurveda	36	9	28	7	64	8
Other	11	2.7	6	1.6	17	2.2
Total	400	100	400	100	800	100

Place of Treatment

Table 7- Caste wise distribution of the place of treatments

Place of treatment	Caste Group				Total	
	Rajput		Sonar			
	No	%	No	%	No	%
PHC	374	18.3	88	5.1	462	12.2
Govt. Hospital	293	14.3	124	7.3	417	11.1
Pvt. Clinic	186	9.1	319	18.5	505	13.4
Pvt. Hospital	72	3.5	246	14.3	318	8.5
Other	51	2.6	39	2.2	90	2.4
Total	976	47.8	816	47.4	1792	47.6
Missing System	1064	52.2	904	52.6	1968	52.4
Total	2040	100	1720	100	3760	100

The general trend in area is to seek medical assistance from the private hospitals, but there are more percent of the Rajput populations that is about 14.3% to 18.3% in Bhatpar Rani who seek treatment from the government hospitals and PHC. The primary source of data of this study shows more Sonar prefer to go Private Clinic i.e. 18.5%

Major Findings

- ✓ It has been found that among those who became sick and sought for treatment, more per cent of them prefer Allopathic.
- ✓ Rajput always have preferences towards government health care institutions whereas; mostly Sonar are preferred to go private hospital and private practitioners, in compare to Rajput,
- ✓ The health professional's role is not that significant as source of information. This is due to the fact that they do not reach out to ordinary people.
- ✓ The distribution shows Sonar have few percent of people that uses herbal medicines; many households have heard of it but are not practicing.
- ✓ The family planning method is not common among the women of both the group. There are large percent of women who have undergone female sterilisation; it is also found that large percent of people do not know about the family planning methods.
- ✓ Lack of sufficient health care facilities in the communities and nearest villages .

Conclusion and future enhancement

Conclusively, it can be said that on the basis of observations and analysis based on the study among Rajput and Sonar of Eastern U.P, the fact that indicates the universality of backwardness among the Rajput in compare to Sonar, with serious implications on the capability of the households in preventing disease and sustaining a better health status and health care access. There is also no need of starting new health care institutions. This paper provides an effective and practical approach for evaluating relative efficiency of Indian rural health care programs especially useful for program management and policy making. It also addresses the correction in the rural health care delivery system to improve the quality of life of our citizens and for the economic and social development of the nation.

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