



# SOCIO-CULTURAL FRONTIERS OF HEALTH AND DISEASE: SOME REFLECTIONS FROM MAHABUBNAGAR DISTRICT, TELANGANA STATE

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## ABSTRACT

*This paper highlights into the intricate relationship between culture and healthcare beliefs and practices within Mahabubnagar district by going deeper into the profound influence of cultural factors on health-related perceptions and remedies. Traditional healthcare for various of diseases was explored from socio-cultural point of view. The study has conducted in a backward district in Telangana state with the help of interview schedule, case studies and interviews. The findings unveil a rich needlepoint of cultural traditions that shape healthcare behaviours. Apart from beliefs, the traditional remedies that rooted in the local ecosystem for cold and cough, toothaches, earache, constipation, hair loss, and so on were emphasized in the study. These findings point out the significance of cultural competence in healthcare delivery and provide valuable insights into the community's deep connection with cultural and ecological factors in shaping their healthcare practices.*

**KEYWORDS:** *Social Beliefs, Health and Disease, Traditional Medicine, Rural Health*

## 1. INTRODUCTION

Culture is the patterns of ideas, customs and behaviours shared by a particular people or society. These patterns identify members as part of a group and distinguish members from other groups. Given the number of possible factors influencing any culture, there is naturally great diversity within any cultural group. Generalizing specific characteristics of one culture can be helpful but be careful not to over-generalize. Culture may include all or a subset of the following characteristics: ethnicity, language, religion and spiritual beliefs, gender, socio-economic class, age, sexual orientation, geographic origin, group history, education, upbringing, life experience and so on.

However, culture is dynamic and evolving, learned and passed on through generations, shared among those who agree on the way they name and understand reality, often identified 'symbolically', through language, dress, music and behaviours, and integrated into all aspects of an individual's life. The influence of culture on health is vast. It affects perceptions of health, illness and death, beliefs about causes of disease, approaches to health promotion, how illness and pain are experienced and expressed, where, when and how patients seek help, and the types of treatment patients prefer.

Culture could influence socio-economical status and thus dictate psychosocial coping mechanism or response. Both health professionals and patients are influenced by their respective cultures. The health system in rural areas of India has been shaped by the mainstream beliefs of historically dominant cultures.

Cultural bias may result in very different health-related preferences and perceptions. Being aware of and negotiating such differences are skills known as 'cultural competence'. This perspective allows care providers to ask about various beliefs or sources of care specifically, and to incorporate new awareness into diagnosis and treatment planning.

Demonstrating awareness of a patient's culture can promote trust, better health care, lead to higher rates of acceptance of diagnoses and improve treatment adherence.

## 2. PERSPECTIVES AND THEORIES OF HEALTH AND DISEASE

Sociology of Health as well as Medical sociology delve into various perspectives and theories that illuminate the intricate connections between health, society, and medicine. The key perspectives and theories of health and disease as follows;

### 2.1 Biomedical Model

The biomedical model centers on a biological understanding of health and illness, prioritizing physiological factors in determining one's well-being. It emphasizes medical diagnoses and treatments as the primary means of addressing health issues. However, it tends to overlook the profound influence of social and environmental factors on health outcomes.

### 2.2 Social Determinants of Health

The social determinants of health perspective sheds light on the powerful impact of social, economic, and environmental factors on an individual's health. It acknowledges that health disparities often stem from broader societal inequalities. This perspective underscores the necessity of addressing societal issues to enhance overall health.

### 2.3 Symbolic Interactionism

Symbolic interactionism explores how individuals create and interpret meanings related to health and illness through their interactions with others. It underscores the role of symbols, language, and communication in shaping health behaviors and attitudes. Symbolic interactionism provides valuable insights into how people understand and respond to illness within their social contexts.



#### 2.4 Marxist Theory of Health

Rooted in Marxist ideology, this theory scrutinizes the influence of capitalist systems on health and health inequalities. It underscores how economic structures, class divisions, and labor conditions contribute to disparities in health outcomes. The Marxist theory of health calls attention to the power dynamics within healthcare systems and broader societal structures.

#### 2.5 Foucauldian Theory

The Foucauldian theory scrutinizes power dynamics within medical discourse and practices. It challenges the conventional view of medicine as solely altruistic, highlighting its role in social control and governance. This theory also explores how modernization processes impact health culture and behaviors, particularly among marginalized segments of society.

#### 2.6 Critical Race Theory (CRT)

Critical Race Theory delves into the intersection of race, racism, and health, with a focus on how racial disparities affect health outcomes. It emphasizes the influence of structural racism and discrimination on healthcare access and health disparities. CRT calls for a critical examination of the racial dimensions in health research and policy.

#### 2.7 Social Constructionist Approach

The social constructionist approach posits that knowledge regarding health and illness is socially constructed through interactions and communication. It underscores the profound influence of culture on perceptions of health and illness, as well as on health-seeking behaviors. Social constructionism offers insights into the cultural dimensions of health and disease.

These perspectives and theories collectively enhance our comprehension of health and disease, underscoring the intricate interplay between biological, social, cultural, and political factors. They highlight the need to consider a comprehensive range of factors when addressing health issues and striving to diminish health disparities within society.

### 3. METHODOLOGY

The study was conducted in Mahabnagar district of Telangana State. The district was chosen as the district was geographically and historically a backward region, therefore, many rural populations still depends on the traditional medical care, therefore, the district as a field of the study gives rights insights to understand health from socio-cultural point of view. The study fundamentally depended on a semi-structured interview schedule, besides case studies and in-depth interviews. The collected data entered into Ms-Excel spreadsheet in order to analyse and derive inferences by using percentages and cross-tabulations. The data through case studies was collected to know the experiences and efficacy of the traditional medicine used by the respondents. Interviews were held with people and medicinal men to understand how the particular herb heals the particular disease.

### 4. MAJOR FINDINGS

The findings derived from multiple prompts encompass a wide range of health-related beliefs and perceptions among

respondents. Firstly, respondents' perceptions of sickness predominantly highlight the "inability to perform" as a key indicator of illness, with approximately 40% across regions emphasizing this aspect. Additionally, beliefs about the causes of diseases reveal that stress and strain in life (29%) and adulteration in food items (16%) hold significant sway in the minds of respondents.

Moreover, the determination of a child's sex is perceived differently, with the size of the fetus being the predominant belief (70%), followed by beliefs related to the time of delivery (13%). Concerning purity, an overwhelming majority consider mothers (96%) and newborns (72%) to be impure after childbirth. Interestingly, beliefs about eclipses influencing childbirth are widespread, with 98% of respondents holding this belief.

The food-related beliefs shed light on caste-based dietary habits, where some castes are predominantly non-vegetarian, while others, like Brahmin and Sri Vaishnava, are mostly vegetarian. Respondents also exhibit beliefs about harmful food combinations and adhere to food fads, avoiding specific food combinations due to perceived health risks.

The beliefs about the causes of various diseases show a complex mix of supernatural and physical factors. Tuberculosis is attributed to both supernatural (more than half) and physical factors. Gastrointestinal diseases like diarrhea are largely associated with physical factors, with the dislocation of the umbilicus mentioned by over 20% of respondents. Other diseases like tetanus, poliomyelitis, mumps, and arthritis have diverse attributed causes, including deistic, demonistic, and physical factors.

These findings collectively reflect the intricate web of beliefs and perceptions surrounding health, illness, and dietary practices within the surveyed communities, offering valuable insights into the cultural and contextual factors that influence these perspectives.

#### Cultural Healthcare Practices

The study conducted in Mahabnagar district reveals a plethora of indigenous healthcare practices deeply rooted in the local culture and tradition. These practices have emerged over time, reflecting the geographical, ecological, and cultural influences on the community's health beliefs. Major findings regarding various health conditions and the corresponding indigenous remedies include:

**Cold and Cough:** Herbal remedies, particularly those derived from the Alla-Neredu tree, are commonly used to alleviate symptoms of cold and cough. Homemade fruit syrup and herbal teas are popular choices.

**Toothache:** Cloves are a favored remedy for toothache due to their germicidal properties. Clove oil, known for its eugenol content, has been used in dental care.

**Earache:** Indigenous healers use the juice extracted from palm tree branches or Ganapati leaves to address earaches, a common issue among children.



**Eye Disorders:** While there isn't a specific indigenous medicine for eye disorders, some seek relief by applying the juice of Eta palm leaves to their eyes.

**Styes and Chalazion:** Indigenous remedies for these eye conditions are limited, but some individuals touch a cold iron chain or apply garlic juice for temporary relief.

**Constipation:** Castor oil serves as a popular remedy for constipation, but its long-term use is discouraged due to potential side effects.

**Foot Blisters:** Saltwater is used as a remedy for burn blisters, particularly for burns caused by friction. This solution helps compress the blister and can be effective.

**Arthritis:** Cayenne or red pepper is a common choice for arthritis pain relief due to its spiciness triggering the release of endorphins, acting as a natural painkiller.

**Kidney Stones:** Pomegranate paste and toddy from Etha Palm are believed to be effective remedies for kidney stones.

**Jaundice:** Indigenous remedies for jaundice include consuming hot rod-marked scar and wearing an herbal necklace, both of which are believed to be beneficial.

**Hair Loss:** Various remedies such as coconut oil with jeedi nuts, mustard oil with henna leaves, and a balanced diet rich in essential nutrients are used to combat hair loss.

**Bee Stings:** Gunuka leaves' juice is applied to bee stings for its soothing properties and toxin-neutralizing effects.

These findings highlight the community's reliance on natural remedies and traditional healing practices to address common health conditions. It showcases their deep connection with nature and the importance of cultural and ecological factors in shaping their healthcare beliefs. These indigenous practices are a testament to the rich tapestry of healthcare traditions that exist within the Mahbubnagar district.

## 5. CONCLUSION

In summary, the cultural context plays a pivotal role in shaping the healthcare beliefs and practices within Mahbubnagar district. Cultural competence and awareness are essential for both healthcare providers and patients as they navigate the intricate web of beliefs, perceptions, and traditional remedies that form the foundation of healthcare in these communities.

The study has revealed that the community's understanding of illness often centres around an individual's ability to perform daily activities, highlighting the significance of functionality as an indicator of health. Stress and food adulteration are perceived as prominent causes of diseases, reflecting the community's concerns about lifestyle factors.

In addition, beliefs surrounding childbirth, purity, eclipses, and food practices are deeply ingrained in the cultural fabric of the community. These beliefs influence dietary habits, food

choices, and social interactions, underscoring the importance of cultural factors in shaping health-related behaviours.

The indigenous healthcare practices are prevalent, with natural remedies derived from local flora often serving as preferred treatments for various ailments. From Alla-Neredu tree remedies for cold and cough to clove-based solutions for toothaches, these practices highlight the community's reliance on nature and traditional knowledge for healthcare.

Overall, the findings emphasize the need for healthcare providers to approach healthcare within Mahbubnagar district with cultural sensitivity and an understanding of the complex interplay between culture, tradition, and health. These indigenous practices reflect the resilience and resourcefulness of the community in maintaining their well-being while preserving their cultural heritage.

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