UNIT 1  HEALTH AND CULTURE

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Learning Objectives

After going through this unit, you will be able to:

- define the concept of health and culture;
- understand the interplay between culture and health and principal mechanisms of culture’s effects on health;
- indicate the importance underlying medical anthropology’s major applications in addressing culture’s impacts on health; and
- indicate how this cross-cultural knowledge of health and culture can play a significant role in assisting practicing anthropologists for research and action around the globe.

1.1  INTRODUCTION

Now, what exactly comes to your mind when you think of the terms ‘health and culture’? Unless we understand each of these interrelated concepts it would be difficult to proceed with our presentation of this most important aspect related to practicing anthropology. So after acquainting ourselves with these terms we shall try and understand the importance underlying medical anthropology’s major applications has been in addressing the impact of culture on health and how the
interplay of cross-cultural knowledge of health and culture can play a vital role in assisting a practicing anthropologist for research and action around the globe. Applied and practicing anthropologists while respecting cultural differences due to the existence of varied socio-religious factors makes every attempt to provide a clear understanding of policy or research for the laymen. Due to this fact they have often been referred to as persons who build bridges between cultural worlds. This, combined with interdisciplinary research methods can definitely enhance the process of proper implementation of various policies, programmes and plans for the betterment of human health across the globe.

When we go to the doctor for treatment we at times feel that the medical practitioner could not understand our problem well or the treatment was not relevant to our health problem. This feeling of not being understood by a doctor subsequently resulting in failure to provide relief or remedy has been a common experience among many patients. Interactions between physicians and their patients who come from varied cultural backgrounds often create cross-cultural misunderstandings. We need to understand here that in matters regarding patient and providers’ perception of health conditions and appropriate treatments, culture plays a vital role. The various aspects related to health like methods of diagnosis, causative factors of disease and the treatment options are all affected by culture resulting in variance of health behaviour among different communities and societies. The impact of culture on health is therefore an important area of study for all the health professionals.

So now it is clear that the interrelationship between culture and health is truly complex and needs an understanding of a kaleidoscope of causes, experiences, expressions and treatments for a plethora of human ailments. But it must always be kept in mind that conducting studies on cultural variations related to varied aspects of health can also undermine equally fundamental economic, political and social differences between peoples. This is an important aspect in practicing anthropology. In the light of the aforesaid facts we shall try and understand about health and culture for practicing anthropology.

1.2 CONCEPT OF HEALTH AND CULTURE

Before acquainting ourselves with the concept of health and culture it is pertinent to note that scholars working across the world in an array of medical, health and healing settings are engaged in using different methodological procedures for presenting different theoretical perspectives on health and in the process has resulted in medical anthropology being regarded as one of the fastest growing sub-fields of anthropology. Applied or practicing anthropologists make ample use of these theories, methods and ethnographic findings for formulating policies and programmes for solving problems related to human health.

It has already been mentioned that health practices are not independent of culture in any society and the socio-religious beliefs and practices have various health implications in human societies. Now what do you understand by the term ‘health’? World Health Organisation (WHO) defines health as ‘A state of complete physical, mental and social well-being and not merely absence of disease or infirmity’ (1948). From this definition it is clear that in matters of a person’s well-being there exists an interrelationship and interaction of the psychological, physiological and social factors. We must therefore remember that ‘health’ in the broad sense is “quality of life” rather than only the absence of disease and as
a complex dynamic equilibrium stems from the entire socio-economic condition. Health is often regarded as an expression of development because studies conducted on health of a particular community will take into consideration the interrelationship between the whole social system and health. Here we also need to reiterate the fact that in every culture there exists the native concepts or perceptions of health, the causative and diagnostic factors of diseases and the subsequent curative measures adopted – all these factors give us a complete picture of the ‘health culture’ of a particular community.

While we talk of health we often tend to refer to the terms disease, sickness and illness. So before going into further details it is pertinent to understand the meaning of the terms disease, illness and sickness and their differentiation: Disease refers to pathological states of the organism, whether or not they are culturally or psychologically recognized, whereas illness refers to culturally or socially defined or conditioned perceptions and experiences of ill health, including some states which could be defined as diseases and others which are not classifiable in terms of medical definitions of pathological states. Accordingly, disease is now universally referred to as a western bio-medical term while illness is culturally defined and identified with the local indigenous knowledge (Fabrega, Jr., 1972:167). Sickness is a general global term which refers to all events involving ill health.

As discussed earlier culture which is nothing but learned and shared human behaviour encompassing health behaviour deeply influences the understanding of health and medicine. In other words culture is a principle determinant of personal health behaviours and professional practices of medicine. The concept of culture is therefore fundamental to comprehend the health conditions of human populations thereby enabling us to cope and protect ourselves from diseases or infirmities by adopting preventive and curative methods as a means of adjusting to the interplay of varied physical and social environments. The multidimensional aspects of health viz. perception of disease causation, its diagnosis and subsequent treatment combined with the use and selection of available resources as a preventive and protective measure for eradication of diseases have all been determined and influenced by culture.

**Reflection**

The word culture refers to the notion of cultivating – as in cultivating a crop – a relationship, not just with the gods, but also with other members of the community. Evidently the ideas inherent in the words ‘culture’ and ‘community’ are intricately woven together in an ancient fabric of etymology. Of equal relatedness – and perhaps surprisingly to our ‘modern’ thinking – is the ancient understanding of health. Health was seen as an index of how useful or ‘appropriate’ a person was to their community. It was believed that if an individual’s behaviour was out of ‘balance’ with the requirements of the community, then ill-health and suffering would result. Interestingly, according to this belief system, the individual who caused the imbalance was not necessarily the one who suffered. Instead another person, or group of people, could suffer because of the inappropriate behaviour of an individual. In ancient societies health was a very public concern. How individuals relate to each other can therefore be seen to be a common element in ancient notions of culture, community and health. (MacLachlan 2006:23)
1.3 HEALTH AND CULTURAL DIFFERENCES

Every individual is born in a particular cultural setting which eventually shapes his behavioural pattern and in matters of health behaviour the role played by culture cannot be denied. This is due to the fact that right from the birth of a person through the attainment of maturity and until he ceases to be a living being he is exposed to the interplay of varied cultures which has different implications on his behaviour. In the context of this discussion we need to understand that the role played by acculturation in the shaping of a particular or distinct mode of health behaviour among different communities and groups of people. By acculturation we mean the process by which individuals encounter more than one culture and respond to the interplay between them in various ways. But we must always keep in mind that the acculturative experiences of people tend to vary. In the event of facing a health problem for example, an individual born and brought up in a particular cultural setting may not react in the same manner as another individual from a different cultural background. A particular health behaviour considered bizarre in a particular society may be regarded as a completely normal mode of behaviour in the perspective of another society. We are all aware of the religious restrictions regarding the consumption of beef and pork among the followers of Hinduism and Islam respectively. Violation or in a few cases just the thought of violating this religiously determined food behaviour often has a psychological or physical effect on health. But it is pertinent to note here that the adoption of food habit in accordance with religious sanctions will not exhibit any detrimental health affects albeit when consumed moderately. The clarity with which each community defines deviations in health behaviour will thus create a sense of uncertainty and confusion among the individuals with repercussions on the physical, psychological and social aspects of health. At this point an understanding of the interaction between collective and individual identity is of prime importance more particularly for practicing anthropologists undertaking health studies and therefore the need for recognising the ‘insider’s view’ regarding disease and illness arises.

The study of ‘illness behaviour’ will focus on issues like the perceptions regarding the illness (e.g., patient’s feelings and notions, family members’ responses and reactions, etc.), or like how a society’s perception or culture plays a determining role in matters related to the type of medical or culture-specific attitude exhibited in the selection of health interventions at different stages of an illness episode (i.e, the time period during which the illness lasts).

By now it is clear that while undertaking health studies of different cultural communities emphasis must be laid upon the impinging factors responsible for health and illness.

We need to remember that in studies related to health we will often interact with people from different cultures and at this point culture will be the medium of communication a medium through which we will try to understand the variations in health behaviour. Any systematic analysis of health and disease would include investigations into native systems of disease classification, nomenclature, and the related domains. In such cross cultural encounters there is often the tendency to impose one’s own structure and present prejudiced and stereotypical notions about health and disease of other cultures. Awareness, acknowledgement and recognition of the fact that culture is the foundation which plays a defining role in the health behaviour of an individual or community is extremely essential.
Reflection

Ever since the emergence of man on this earth illness and disease have become perennial problems for him. Each society in this respect is found to develop some kind of value system within its own ethno-science for the ‘concept and treatment’ of diseases. The concepts regarding diseases depend mostly on the society’s evaluative standards. A given behaviour may be normal in one society, disapproved but not seen as pathological in second, and labelled ‘sick’ in a third (cited in Burman, 1986: 185). Health professionals need to adopt a more pluralistic approach to health practice. Availability of improved medical facilities will definitely elevate the health care system as they explore their treatment options within the expanding health care arenas. Polgar, while referring to health and illness has pointed out that:

“A common fallacy among ‘scientific’ health professionals and one that anthropologists have stressed continuously, may be describe by altering a little the Biblical parable of the old wine and the new. The vessels in this instance are the clients of health action and one cannot exchange them for new ones. Medical workers who wish to pour the new wine of scientific ideas into these vessels often forget that they are not empty. Popular health culture is the wine that fills them and ignoring this often results in spilling the new wine on the ground. Thus, one may refer to the fallacy of the empty vessels. So anthropologists can definitely play an indispensable role in the health care system” (Scotch, 1963 : 50).

1.4 SYNDROMES OF CULTURE

A syndrome refers to a group of symptoms consistently occurring together and in the context of culture. The idea of ‘culture-bound syndromes’ has been popular for many years. There are some universal perceptions of health and disease where all the human societies possess some common considerations, and at the same time there are also some social perceptions unique to a particular society (Dash, 1986: 209). Cultural contexts influences how suffering is caused, experienced and expressed—this fact is clear from the preceding discussion. From a practicing anthropological perspective it is important to recognise that as one moves along the chain – cause–experience–expression– consequence – at each step culture makes a progressively greater contribution to the person’s suffering. This sequence helps to comprehend the interrelationship between culture and suffering.

Let us take into consideration the health culture among the Garos (a matrilineal tribe inhabiting the North-eastern part of India). In Garo perception an illness involves a change in the state of being (e.g., feelings, thoughts, self-definition) which is seen and labelled as discontinuous with routine everyday affairs and believed to be caused by socio–culturally defined agents or circumstances. The Garos particularly inhabiting the rural areas are of the opinion that the concept of ‘well-being’ stands for a state of being healthy, happy, and prosperous. A healthy physique or beautiful features, or muscular power may not be a criterion for good health. In their opinion, the ability or capacity to do manual work, carrying out of normal day’s routine, and having a clear eye–sight and memory
is the sign of being healthy. If on the other hand, a person is unable to carry out the normal routine and if subsequently the amount of food intake falls to almost a possible nil, then the person may be considered to be ill or sick, or to be unhealthy.

We can now understand that beliefs and practices of the people help us to understand the various aspects of health and these traits are deeply rooted in their socio-cultural matrix. The concepts or ideas regarding disease and illness are basically biological, but these are loosely connected with socio-cultural circumstances. Therefore, the patterns of behaviour and belief of the people relating to health and disease are to be accounted for in the study of health. Syndromes of culture which also includes certain culture bound syndromes (see sub-section 1.4.1) can thereby facilitate in the understanding of the dynamics of the diffusion of the health practices and the rationale behind their acceptance.

1.4.1 Culture-bound Syndromes

‘Culture-bound syndromes’ as the name implies are symptoms unique to a particular cultural group or community. As students of anthropology and as an initial step for understanding the health situation of other cultures, we must shed our cultural biasness or the assumption that our own culture is superior (referred to as ethnocentrism). Only when we accept our own culture as one among the many other cultures that exist in human societies across the world we will be able to conduct a proper health study. Once free of these limitations we will be able to present the true picture of the different nuances of health and diseases of varied cultures or communities.

Let us take into consideration a few examples which reveal the presence of culture-bound syndromes in human societies across the globe and these have been dealt exhaustively by MacLachlan in his book ‘Culture and Health A Critical Perspective Towards Global Health’ published in 2006. Koro is a condition where people believe that their sexual organs are shrinking. It is believed to be a fatal condition with a neurophysiological basis shaped by different cultural contexts and occurs mostly in southern China and south-east; Latah another syndrome found in Malaysia and Indonesia is characterised by an exaggerated startle response to a surprising event and it may develop into a life-long condition regardless of whether its onset is abrupt or gradual. It is not a neurophysiological condition but the result of the social function within a culture; Bebainan is a culture bound syndrome found in Bali. It is a condition where a person may suddenly break into tears and attempt to run away from their present situation and finally collapse under exhaustion. Subsequently the person with these symptoms is unable to recall any of these events. Tabacazo a syndrome found in Chile is characterised by agitation, despair, and aggression in association with a loss of consciousness.

It is pertinent to mention here that certain culture bound syndromes have come into being under the influence of the western culture or people of European origin and these have gradually percolated through acculturation to other parts of the world including India. To name a few, mention must be made of Anorexia Nervosa where sufferers develop a distorted perception of their own body shape and hence starve themselves of food; Type A behaviour characterised by aggressive and competitive behaviour towards others as struggle continues to
achieve goals within the stipulated time period; and obesity a condition where excess weight is gained due to eating beyond the requirements of the bodily functions and thereby results in physical discomfort and depression. All these culture bound syndromes are as mentioned affect the mental health of the sufferer. As we proceed further into the lesson we will be able to identify many other aspects of mental health.

**Reflection**

The ‘exotic’ nature of many ‘culture-bound syndromes’ can deflect a researcher from analysing their social meaning and function. The researcher should avoid discounting apparently bizarre conditions and investigate them in terms of their order and function. It is therefore important to look beyond the client’s community and culture. Some theorists see the human body as a symbol that can be moulded by culture into different types of suffering. Other theorists believe that there are some basic and universal bodily experiences and that the extent to which, and manner by which, these experiences are expressed is influenced by culture. The important point to remember is that neither of these accounts diminishes the genuineness of the patient’s experience of suffering (MacLachlan 2006:90).

1.5 MENTAL ASPECTS OF HEALTH

When we speak of the aspects of mental health we would like to reiterate the fact that studies related to mental health can be very diverse as it encompasses comparative, ethnic and transitional approaches among others. This means that studies related to mental health are undertaken in cross cultural perspectives, i.e. the areas of research are undertaken in different contexts and settings.

Comparative mental health as the name implies offers a comparative analysis on the nature of mental health and disorder in different cultures. For example, for a comparative study when we select two cultural groups with one of them belonging to a minority group, we tend to include multidimensional aspects like the extent of variation and similarity in the nature of mental health in these cultures, and the interrelation between the two groups.

When we speak of mental health mention of suicide becomes a must. Suicidal behaviour can be designed to protect, to rescue the self from otherwise certain annihilation. Suicide is both individualised and pathologised. Western psychology and psychiatry, by focusing their attention on the individual, have constructed suicide as being the deviant act of a disturbed, dysfunctional or ill mind. However, when multicultural perspectives on suicide are examined, it becomes clear that culture may act either as a protective factor or as one that increases risk in already-vulnerable groups – a facilitating factor (ibid:104). An attempt to understand about the interplay of mental health and suicide necessitates the need to take into consideration the changing ‘contemporary’ social contexts, as well as different ‘traditional’ cultural practices coupled with other much broader cultural and social change factors. These factors enable us to understand the reasons for variations in suicide rates among age groups, genders and different cultures and communities.
1.6 CULTURAL DIFFERENCES AND PHYSICAL HEALTH

Here we will need to understand that besides mental aspects of health, the impact of culture on physical health is also an important area of study in health and culture. It is important to mention that cultural differences and its impact on physical health does not imply that cultural variation is the sole cause for occurrence of all types of diseases. This is due to the fact that irrespective of the cultural group to which one belongs we will find the occurrence of some diseases which are either genetically determined or acquired (see sub-section 1.6.1, 1.6.2 and 1.6.3). Some diseases on the other hand are believed to be caused by the influence of the varied socio-cultural factors and they are experienced, expressed and treated as per the accepted mode of health seeking behaviour of that particular cultural setting (see sub-section 1.6.4 and 1.6.5).

1.6.1 Genetically Determined Diseases

One hereditary blood disease, sickle-cell anaemia, is so called because the blood cells contain abnormal haemoglobin and when the supply of oxygen is low, these cells, rather than being rounded, adopt the quarter moon shape of a sickle. As a consequence the supply of oxygen to vital organs may be reduced or interrupted. This may result in progressive organ failure and brain damage. The sickle-cell gene has a high frequency of occurrence in a number of countries, especially western parts of Africa and southern India. Sickle-cell anaemia may be genetically determined but it is important to note that, although more common in black people, it appears to result not from ‘race’ but from geographical origin (Williams et al., 1994). In Africa, it is believed to have occurred for hundreds of years along the Nile, and to have an adaptive function – to increase resistance to malaria transmission from the mosquito Anopheles species (Giger & Davidhizar, 1999). Sickle-cell anaemia is of course just one of many genetically determined blood diseases that occur with different frequencies across cultural groups. For those involved in diagnosing and treating such diseases, knowledge of these cultural variations is vital (MacLachlan 2006:138-139).

A second example of a genetically determined disease is lactase deficiency, which is caused by a recessive gene with high penetrance. The symptoms of lactase deficiency become apparent when an individual consumes milk-based products. In older children (aged 6–7 years and above) and adults the consumption of milk results in abdominal distension, flatulence, abdominal pain or discomfort, and occasionally diarrhoea. It is a product not of genetics alone, but of an interaction between environmental (actually eco-cultural) factors and genetics. Once again, because of the genetic basis of lactase intolerance, its incidence varies geographically. People of Chinese decent do indeed appear to have one of the highest levels of lactase intolerance (MacLachlan 2006: 139).

1.6.2 Acquired Diseases

Nutritional rickets refers to faulty or inadequate bone growth and it has proved a particular problem among Asian immigrants in Britain. Black (1989) describes a number of factors contributing to rickets in Asian children: inadequate exposure
to sunlight (possibly as a result of the Moslem custom of covering the arms and legs); strict vegetarian diet (especially for Hindus); use of cows’ milk for infant feeding (having little vitamin D); maternal deficiency of vitamin D; and a poor uptake of vitamin preparations. The ‘Stop Rickets’ and ‘Asian Mother and Baby’ campaigns specifically targeted Asian communities in Britain. These initiatives aimed to create awareness of the role of vitamin D in maintaining good health, with programmes recognising that each cultural group had to be targeted in a manner that acknowledged differences in their dietary customs, religious beliefs and socio-economic conditions. Once again this example of nutritional rickets in immigrant Asian communities illustrates direct links between cultural customs and physical disease. However, these campaigns have also been criticised for problematising the culture of immigrants rather than recognising socio-economic aspects of rickets as a disease of poverty (ibid: 139).

1.6.3 Nutrition, Culture and Health

Cultural factors are reflected on the food habits, and its differential distribution to the people. Therefore the study of dietary habits of a group of people is important before undertaking any study on their disease pattern, its treatment and remedial measures. Food and nutrition and health are intimately connected aspects of our life. Food as an integral part of our social existence which defines our health status is also considered as a medium for establishment of social rapport (instances of food served or tabooed at different ceremonies, religious festivals etc.).

Nutrition involves intake of food which is necessary for our life to grow, to keep healthy and to get energy for work and play. Body requires different nutrients for health and growth. The term nutrition and health are synonymous as without good nutrition proper health cannot be ensured. Malnutrition may fail to ensure the tempo of normal growth at a normal rate. In order to promote the highest level of physical and mental health throughout one’s life it is necessary to get the essential nutrients in correct amount and proper balance. Good, adequate and optimum are terms applied as prefixes to indicate the quality of nutrition (Shukla et al., 1990: 404-405).

The study of dietary habits of a group of people is of utmost importance before undertaking any study on their disease pattern, its treatment and remedial measures. Cultural factors are reflected on the food habits, and its differential distribution to the people. Poor economic condition imbalances the diet and also ruins the health of the families. For instance the Garos being basically rice eaters take curry of pulses, vegetables, fish, meat of any animal and egg along with rice. They relish boiled food and rarely fry their items in oil or take spicy food. Both the habits tend to check the ulcer or gastric related problems. The Garos also consume a large quantity of alkali (water extracted from plant-ash) in their diet. This practice most possibly neutralise any acid formation in stomach, and thereby automatically checks any ulcer formation. The low prevalence of the degenerative diseases (e.g., ulcer) among the Garos perhaps could be due to the dietary habits of the people(Hasan, 2008: 170-71).
Table 1.1: Important Sources, Functions and Deficiency Symptoms of Various Nutrients (adapted from Shukla et.al., 1990: 424-426)

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Nutrients</th>
<th>Rich Sources</th>
<th>Essential Functions</th>
<th>Deficiency Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Proteins</td>
<td>Milks, Legumes, Nuts, Cheese, Meat, Fish, Eggs</td>
<td>Repair and growth of body tissues, body defence.</td>
<td>Weak muscles, retarded mental reactions, lower resistance to disease</td>
</tr>
<tr>
<td>2</td>
<td>Carbohydrates</td>
<td>Sugar, Rice, Potatoes and other Tubers</td>
<td>Production of heat and energy</td>
<td>Loss of weight</td>
</tr>
<tr>
<td>3</td>
<td>Fats</td>
<td>Oils, Fat, Butter, Ghee, Meat Fats</td>
<td>Production of heat and energy</td>
<td>Loss of weight, retarded growth</td>
</tr>
<tr>
<td>4</td>
<td>Vitamin A</td>
<td>All vegetables, Yellow fruits, Tomatoes, Fish oil</td>
<td>Growth, health of eyes, skin and mucous membrane</td>
<td>Retarded growth, night blindness, susceptibility to infections</td>
</tr>
<tr>
<td>5</td>
<td>Vitamin B₁</td>
<td>Yeast, Groundnuts, Pulses dry, Chillies</td>
<td>Growth utilisation of carbohydrates, proper functioning of heart, nerves and muscles</td>
<td>Retarded growth, loss of appetite and weakness, palpitations and nerve disorders</td>
</tr>
<tr>
<td>6</td>
<td>Vitamin B₁₂</td>
<td>Milk, Meat, Liver</td>
<td>Formation of blood</td>
<td>Pernicious anaemia</td>
</tr>
<tr>
<td>7</td>
<td>Vitamin B₆</td>
<td>Green vegetables, Liver</td>
<td>Growth, health of skin, proper working of muscles and nerves</td>
<td>Convulsions in children</td>
</tr>
<tr>
<td>8</td>
<td>Vitamin C</td>
<td>Citrus fruits, Tomatoes</td>
<td>Growth, tissue repair health of blood vessels</td>
<td>Bleeding gum, poor wound healing</td>
</tr>
<tr>
<td>9</td>
<td>Vitamin D</td>
<td>Milk, Liver, Eggs, Fish</td>
<td>Growth, utilisation of calcium and phosphorous, health of bones and teeth.</td>
<td>Rickets, poor development and decay of teeth</td>
</tr>
<tr>
<td>10</td>
<td>Folic Acid</td>
<td>Green vegetables, Liver, Pulses</td>
<td>Formation of blood</td>
<td>Anaemia in infants and pregnant women</td>
</tr>
<tr>
<td>11</td>
<td>Calcium</td>
<td>Milk, Milk products</td>
<td>Formation of bones and teeth, activities of heart and muscles, clotting of blood, etc.</td>
<td>Poor bone formation, disfunctioning of muscles</td>
</tr>
<tr>
<td>12</td>
<td>Iron</td>
<td>Cereals, Pulses, Meat, Vegetables</td>
<td>Formation of blood</td>
<td>Anaemia</td>
</tr>
</tbody>
</table>

From the above table we are able to get an idea about the degree of inter-relationship and inter-connectedness between nutrition, health and disease. Here it is pertinent to note that food habits which differ from group to group reflect the way a culture standardises behaviour of individuals in relation to selection of food and pattern of eating. According to a UNESCO publication entitled, *Culture Pattern and Technical Change* ‘where food practices reflect cultural structuring and values any change introduced into the society may produce imbalance’ (Shukla et.al., 1990: 431-432). The vegetables and the different types of animal meat consumed by the Garos supply all the essential minerals, carbohydrates, and
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protein in abundance. Tubers of a number of species which are rich in carbohydrate are abundant in the area. The villagers are very much aware of the fact that protein, mineral, fat, carbohydrate, etc., which are necessary for the growth of the human body can be acquired from the locally available common edibles. It is believed that in some diseases, particular types of food are prescribed to regain the resistance power and restore the balance. However certain other types of food are to be avoided in certain diseases. For example, in case of some ailments like chicken pox, non–vegetarian diets are to be avoided. A person afflicted with skin diseases is to refrain from consuming eggs. The people believe that when a person suffers from diarrhoea, plenty of fluids such as the juice of lemon, coconut, etc. should be given (Hasan, 2008: 172).

1.6.4 Traditional Healing: Its Relation to Disease and Cultural Understandings of the Human Body

We are already aware of side effects of modern medicine. But here it is important to point out that people opting for the indigenous mode of treatment or traditional healing practices also at times suffer from side effects. There are many instances when people seeking remedy under the traditional system of medicine have instead exhibited certain other physiological reactions besides the already existing disease. Such side effects are more common when people opt for spiritual treatment provided by the traditional medical practitioner. The repercussions especially on the mental health of the patient undergoing such treatment are worth mentioning.

‘Coin rubbing’ is a traditional practice common among Vietnamese people, but this can produce lesions on the skin. In some unfortunate cases these marks have been misinterpreted as indications of physical child abuse. Some people of Chinese origin believe that pinching or squeezing either side of the trachea will alleviate persistent coughing. This procedure can produce considerable bruising, which might also be misinterpreted. Nevertheless it is important to recognise each of the above practices in their cultural context (MacLachlan, 2006: 141).

Anthropologists particularly practicing anthropologists undertaking health studies need to remember that such kind of practices are to be explained in the context of the culture where it occurs. Through proper understanding of the side effects resulting from adherence to certain traditional health care practices attempts may be made to create awareness for changing such undesirable practices or adopting a modified, safe and acceptable replacement which thereby hints at the need for culture specific understandings of the human body.

The different perceptions that exist among different cultural groups regarding the functioning of the human body very clearly shows the interrelationship between health and culture. In this context a particular cultural group will provide an explanation of the various physical, psychological, nutritional or spiritual influences which causes diseases and ultimately creates an imbalance of the human body.

1.7 CULTURE AND TREATMENT

Now we need to acknowledge that culture plays an influential role on the multidimensional aspects of health of which treatment is an integral part. A recent development in thinking about culture and treatment is the recognition of the
possible role of culture as treatment. Culture affects the way in which patients and healers receive and define illness and influence the choice and decisions with respect to the treatment of illness. Disease and cure system are universal phenomena. Every society irrespective of its technological level, over the centuries devised methods of meeting the challenge of disease. The realm of cure, so to speak, concerns itself with ‘the physical and mental welfare of individuals in their respective family and social contexts’ (Sol Tax, 1976). Medicine appropriateness is evaluated both in terms of illness and patient characteristics. The afflicted’s relative strength, age, previous experience with medicine and special disposition (e.g. pregnancy), all influence perceptions of medicine suitability. Health systems within a culture group which includes either or both traditional and modern medical facilities reflect many understandings of health.

1.7.1 Traditional Medicine

Traditional medicine also referred to as folk medicine, ethno medicine or popular medicine is primarily concerned with the study of the various aspects of folk taxonomy of disease, indigenous preventive and curative measures, the role of folk medicine man, and relationship between medicine and socio-cultural setting. Ethno medicinal system has its very root in the cultural settings and thus the whole workings of and the behaviour patterns relating to the healing practices are interwoven in the cultural matrix of the people. The systematic and integrated study of the system of medicine pledge to unfold the total understanding of the socio-psycho-cultural interactions in the sphere of public health and hygiene.

The WHO defined traditional medicine in 1976, at a meeting at Brazzaville, as … ‘the sum total of all knowledge and practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental or social imbalance and relying exclusively on practical experience and observations handed down from generation to generation, verbally or in writing’ (cited in Medhi et al., 2004). The indigenous patterns of recipes are the result of the close set process of orientation of cultural traditions with the religious sentiments, psychological perspectives, economy, moral ideas, and social values as well as therapeutic process. It is to be noted that this indigenous pattern of medicine is characterised by the age old experience on human body in relation to the surroundings, both natural and supernatural traditional knowledge.

1.7.2 Plurality in Therapeutic and Health Seeking Behaviour

The status, growth and evaluation of co-existing therapy systems are influenced by cultural ideology, ecology, political patronage and changing social institutions. Allopathy, ayurveda, homeopathy and unani are the various components of medical pluralism in the Indian context (Bhasin, 1997: 1 (1) 43). Any health care system especially in rural areas exhibit the presence of various impinging factors which has resulted in the existence of plurality in their therapeutic and health seeking behaviour. In view of the plurality of treatment options, perception of medicine compatibility is based on the expectations of the patients who speculate the time period for achievement of complete cure after consuming the medicine.
**Reflection**

Patients (or clients) ought not to be the ‘object’ of our activity but the subject of our concern, and we must be concerned with how their experience of the world contributes to the problems which they present. To quote Ackerknecht (1945: 428), ‘there are a great variety of ways of handling the sick person ranging from abandonment and contempt to extreme devotion and care. These attitudes which are extremely revealing as to the general philosophy of a society can be quite competently observed without the acquisition of a diploma from a medical school’.

The existence of both traditional and modern medicine has resulted in plurality of treatment options. The selection of a particular mode of treatment is based on the various socio-cultural dimensions that tend to influence the health seeking behaviour of a particular community or culture group.

### 1.8 CULTURE AND HEALTH SERVICES

For practising health professionals, it is timely to take pluralism or diversity into account, to re-examine the important role culture plays in how people view and make decisions about their health. We all need periodically to re-examine our own cultural and professional biases, and to be cognisant of the current diversity in the communities we serve (Mensah 1993:39).

Kleinman (1980) has suggested that there are three overlapping sectors of healthcare that constitute the healthcare systems of all societies. His point is that, although the content of these sectors differ across cultures, their structure is the same. Essentially the healthcare system is structured into popular, folk and professional sectors. Each of these sectors offer a particular approach to understanding the cause of, and prescribing treatment for, illness or disorder. The popular sector comprises of lay or non-professional who discusses about the ideas related to health and diseases. Such ideas end in discussion and they are never formulated for planned action in the ‘healthcare system’. Quite in contrast the professional sector comprising of organised health professionals mainly from the scientific medicine background has been successful in terms of setting the health agenda and making the medical profession superior to all other approaches to health care. The third sector i.e. the folk sector comprises of sacred and secular healers. This sector takes into consideration some aspects of popular and professional sectors.

There are different approaches to ascertain the cultural sensitivity of health services. One approach is to conduct customer satisfaction surveys in order to learn whether the health needs of different cultural groups are fulfilled. The basic health concerns of the people should always be kept in mind in any kind of study on cultural sensitivity. We need to understand the cultural sensitivity of health services of a particular cultural group in relation to other cultural groups i.e. studies should be conducted in cross cultural perspective. Findings from such studies will definitely help planners and policy makers to formulate plans and programmes for development of the health setting.
1.9 GLOBAL HEALTH

Global health highlights the inseparable relationship between health and culture. Global health recognises the inter-connectedness of health problems and health solutions, acknowledges the broader social, political and economic contexts that give rise to many health inequities, and recognises the importance of developing strong and resilient health delivery systems, in contrast to narrowly focusing on individual treatment regimes (MacLachlan 2006:283).

This world is home to so many varied cultural groups and communities. As part of this multicultural world we need to adopt a meaning centred approach and tolerate the widely different understanding of disease and disorder across cultures. Global health emphasis on cooperative actions and solution of health problems. And this can be possible only when attempts are made to understand health problems transcending national boundaries. Here we need to understand the fact that all health problems across cultures and across national boundaries can be best dealt with collectively and attempts are therefore made to facilitate easy accessibility of health services. Global health acknowledges that health will be affected in the same manner by similar factors across cultures and boundaries.

1.10 SUMMARY

A complete and exhaustive study of practicing anthropology necessitates an understanding of health and culture. The interrelationship between health and culture is truly complex and needs understanding of a kaleidoscope of causes, experiences, expressions and treatments for a plethora of human ailments. Culture which is nothing but learned and shared human behaviour encompassing health behaviour deeply influences the understanding of health and medicine. In other words culture is a principle determinant of personal health behaviours and professional practices of medicine. The concept of culture is therefore fundamental to comprehend the health conditions of human populations thereby enabling us to cope and protect ourselves from diseases or infirmities by adopting preventive and curative methods as a means of adjusting to the interplay of varied physical and social environments. Health practices are therefore not independent of culture in any society and the socio-religious beliefs and practices have various health implications in human societies. ‘Culture-bound syndromes’ which reveals the presence of symptoms unique to a particular cultural group or community tends to affect the mental health of the sufferer.

Besides mental aspects of health, the impact of culture on physical health is also an important area of study in health and culture. It is important to mention that cultural differences and its impact on physical health does not imply that cultural variation is the sole cause for occurrence of all types of diseases. This is due to the fact that irrespective of the cultural group to which one belongs we will find the occurrence of some diseases which are either genetically determined or acquired. The different perceptions that exist among different cultural groups regarding the functioning of the human body very clearly shows the interrelationship between health and culture. In this context a particular cultural group will provide an explanation of the various physical, psychological, nutritional or spiritual influences which causes diseases and ultimately creates an imbalance of the human body. Health and culture thus plays an influential
role on the multidimensional aspects of health of which treatment is an integral part.

Medical anthropologists have important contributions to make to health service research and health communication. By grounding investigations of resource supply and demand, service accessibility and acceptability in the life worlds of local populations, anthropologists may help their public health colleagues better understand patterns of health care utilisation and expenditure. The role of medical anthropologists in health service research and health communication can be proactive, critical and committed to community based problem solving (Nichter, 1992: 327-328). Global health highlights the inseparable relationship between health and culture. Practicing anthropologists can thus use their knowledge, skills, and facilitate change for the betterment of the health status of communities and peoples across cultural boundaries and the interplay of cross-cultural knowledge can play a vital role in assisting practicing anthropologists for research and action around the globe.

References


**Suggested Reading**


**Sample Questions**

1) Discuss the importance of an understanding of the multi-dimensional aspects of health and culture in practicing anthropology?

2) Discuss the relation between health, culture and nutrition?

3) What do you understand by culture bound syndromes. Discuss?