SIGNIFICANCE OF HEALTH EDUCATION IN INDIA; APPROACHES AND PERSPECTIVES

SMT . VIJAYALAKSHMI.*N*[1]
Assistant Professor of Sociology
Govt. First Grade College, Gubbi,
Tumkur Dist, Karnataka state,

Dr. YOGANARASIMHACHARI. K.[2]
Assistant Professor of Sociology
Govt . College,(Autonomous)
Mandya, Karnataka state,

Introduction

Health education aims primarily at learning experience and the voluntary actions people can take, individually or collectively, for their own health, the health of others, or the common good of the community. Defining health education as "any combination of learning experience designed to facilitate voluntary actions conducive to health'' Emphasizes the importance of multiple determinants of behavior.

WHO defined health as it is a state of complete, mental, spiritual and social weel-being and not merely the absence of decease or infirmity. Health education is a systematically planned activity, and can thus be distinguished from incidental learning experiences.

Health education can be seen as enveloped by the health promotion, with its aim of complementary social and political actions that can achieve the necessary organizational, economic and other supports that enable the conversion of individual actions into health enhancements and quality- of –life gain.

The commitment to the educational approach to health promotion is part practical necessity, part political expediency, and part philosophical commitment to provide for informed consent and voluntary change before attempting to change social structures and ecologies.

Health education provides the consciousness –raising, concern-arousing, and action stimulating impetus for the public involvement and commitment to social reform essential to it success in a democracy. Without health education, health promotion would be a manipulative social-engineering enterprise. Health education of the public keeps the social change component of health promotion accountable to the public it serves.

Responsive strategies call for individuals, families' professionals, private organizations, governments, local and national agencies to decide case by case how to divide and share responsibility for each health issue.

Health promotion, encompassing health education, has achieved a shift in the locus of initiatives for health (and control over its determinants) from medical institutions and health professionals to individuals, families, schools, and worksites. This has occurred in a context of growing community, social and technological support for shared responsibility for health.

1. The community and health promotion

The most appropriate "center of gravity" for health promotion is the community. Community health promotion requires the participation of local leadership and social networks

to facilitate the transmission and uptake of interventions for the overall population, as well as environmental changes (e.g legislating or enforcing policies) to support individual and organizational interventions to achieve social change.

State and national governments can formulate polices, provide guidance, allocate funding and generate data for health promotion purposes: and individuals can govern their behavior and control the determinants of their own health- up to a point –and they should be allowed to do so.

This principle assures the relevance and appropriateness of the programmes to the people affected, and it offers the best opportunity for people to be actively engaged in the planning process.

A " community " may be a town or country in sparsely populated areas or it may be a neighborhood, worksite,, or school in more populous metropolitan areas. It can also apply to groups of people not sharing a specific geographic association, but sharing social, cultural, political or economic interests that link them together. Community represents, ideally, a level of collective decision making appropriate to the urgency and magnitude of a health related issue, the cost and complexity of the solutions implied, the local culture and traditions of shared decision-making, and the sensitivity and consequences of the actions required of people after the decision is made.

2. The ecological approach

Ecological approaches in health promotion view health as a product of the interdependence between the individual and subsystems of the ecosystem (e.g family, community , culture, and the physical and social environment) To promote health, an ecosystem must offer economic and social conditions conducive to health and healthful lifestyles. These environments must also provide information and life skills that enable individuals to engage in healthful behaviors. Finally, healthful options among goods and services must be available. In an ecological context, all such elements are viewed as determinants of health. They also provide support in helping individuals modify their behaviours and reduce their exposure to risk factors.

An ecological approach suggests the need for interventions directed at several levels within a community and at multiple sectors of a social system (e.g health education, welfare, commerce and transportation) The specification and application of such a sweeping, holistic conceptual framework challenges the capabilities and time of practitioners.

A realistic strategy, therefore is to intervene where one can, with reasonable certainty, match actions with needs and where one can be accountable for unexpected side effects. Careful, systematic planning and practice are essential.

3.Empowerment

Empowerment can exist at four levels:

1. The personal level, by gaining control and influence in daily life and in community participation
2. The small group level, through the shared experience, analysis, and influence of small groups on their own efforts.
3. The organizational level, through capacity building by influencing decision making processes

4. The community level, by gaining and utilizing resources and strategies to enhance community control.

Empowerment has been defined as " a process by which individuals gain mastery over their own lives and democratic participation in the life of their community. A more detailed definition highlights empowerment as "a social action process that promotes participation of people, organizations, and communities towards the goals of increased individual and community control, political efficacy, improved quality of community life and social justice.

Health promotion aims to facilitate empowerment by enabling people to take greater control over the behavioural or environmental determinants of health. It is sometimes helpful to distinguish individual empowerment from community empowerment, but movement away from a position of powerlessness nearly always occurs in the context of community. This interdependence is consistent with conceptions of individual and collective efficacy, whereby increase in self-belief and self-esteem enable people, individually and collectively, to take control of their environment.

The reality is that both individual and environmental factors must be addressed jointly to facilitate individual and community empowerment together with health and quality of life gains.

4. Public health strategies for health and education.

Programmes for health promotion and education apply integrated strategies appropriate to the local context. Most community programmes to change health related behavior are to some degree ecological, that is , they seek to influence the social norms, cultural values, and economic and environmental conditions that affict health behavior at the community level. Such programmes usually focus on any combination of the following actions.

a. Interventions to promote health and prevent the development of disease (primary prevention).
b. screening for early detection and treatment of previously unrecognized cases of disease (secondary prevention)
c. Activities to help persons with known or established disease to more successfully manage their disorder (tertiary prevention)

A combination strategy might use interventions such as self-help materials . health education, workplace policy change, and health legislation. Settings for implementation could be practitioner based as well as community wide , extending further into the areana of state and national determinants of community health.

An aware and informed population, actively participating in programmes aimed at promoting health, preventing illness, accessing health care at appropriate level is an essential prerequisite for improvement in health status of the country. Health education, which is the major tool for achieving this objective had received a lot of attention in the 1950s and 1960s. During the development of various centrally sponsored vertical programmes for disease control, family welfare proggramme and state's efforts to build up state specific programme, health education efforts got fragmented. Currently, health education efforts are mostly limited to information being provided through

mass media and health functionaries regarding Family Welfare services and disease control programmes.These efforts have resulted in improved awareness of the population who accessed these programmes. However, active participatory health education aimed at motivating the population on life style changes and preventive and promotive health care

programmes have not received due attention. Lack of readily available information at household and community level on where to go and whom to access for various health problems continue to remain a major barrier for seeking appropriate care. During the Tenth Plan, attempts will be made to: review existing training programmes on health promotion/health education and make them more relevant;

With increasing knowledge and experience the earlier concept that prevention and curative care are two sides of the same coin, which mutually reinforce each other gained wider acceptance. This led to the re-emergence of the concept of public health providing comprehensive health care. This concept was initially developed and implemented in maternal and child health but soon all other disciplines including clinical specialities dealing with non-communicable diseases such as cardiology adopted this. As a result, public health is today defined as a discipline aimed at developing a health system to deliver equitable, appropriate and holistic care to improve the health status of the individual and health indices of the country at an affordable cost.

The newer concepts of public health were discussed in 1999 and the 'Calcutta Declaration 1999' redefined the role of public health. The declaration stated that as the countries in the Southeast Asian region are stepping into the new century with an unfinished agenda of existing health concerns, amidst new and complex emerging challenges, there is a need for innovative solutions. Public health should meet the health needs of the community and preserve, protect and promote the health of the people. The declaration emphasized the need for capacity building in public health as a multi-disciplinary Endeavour to design, develop and provide health care to meet health needs of the population.

5. Socio- cultural approach

Cultural may be viewed as a negotiated set of understandings whereby the individuals choose those symbols from the repertoire of behaviors that have some coherence and educability over time but these symbols are created and maintained by patterns of selection by actors as well as by innovation.

Thus the group culture affects every aspect of development of man, that is from acquisition of his goal and aspirations including exposure to risk factors, to modes of his responses and adaptation. It is observed that almost every major experience in one's life, right from conception to death, to a large extent is influenced by cultural beliefs and which regulate the mating eligibility use of a particular type of contraceptive, family size, spacing between children and feeding and weaning practices among children. Educated mothers may acquire better health values and mothering skills to develop their children and in their case, the infant mortality rates may be much lower than among the uneducated mothers.

Food preparation and eating habits are largely determined by cultural norms Health of the people would also depend upon the way they would choose to live. Cultural patterns effecting child rearing family life aspirations and competition, and decreasing social solidarity effects mental health of people. There are certain beliefs practices, customs and traditions which are found among village or tribal folks. Through folks medicine which may also be referred to ethno medicine is based on the day to day common sense knowledge shared largely by the collectively.

Different cultural groups vary in their perceptions regarding causes in disease. Further people in the villages are not firm in their ideas in matter of health. Disease and treatment, as such in may a situations they are influenced by their social networks such as neighbors, friends,

caste and kinship persons and elders in the family for taking any decisions pertaining to the sick persons.

Hitchcock and Minturn (1963) in their study indicated that health and disease is associated with traditional ideas of hot and cold, moreover, diseases like small pox, chicken pox, measles and cholera are generally associated with a particular goddess and the treatment is generally traditional.

Modern medicine has made dent into the way of life of villages but the modern medicine practitioners have to operate within the socio-cultural milieu of the village community. With the spread of education exposure to mass media. Urbanizing and industrializing influences resulting in occupational and spatial mobility and economic well being, choice of people to accept modern over folk medicine has increased. Even village or tribal folks look forward to modern medicine for relief from pain sufferings or physical ailments.

Positive health should emphasize on preventive and primitive rather than on the curative aspects of health. A holistic concept of health, however, includes all that is preventive, primitive, curative and rehabilitative dimensions.

Health education of masses through mass media and other extension technology can provide a repertoire of behavior to people which are different than what they know believe and practice. Cultural conception of health will always be with us but efforts should be to create new ways or understanding and doing things so that people would make wider choices out of the available alternative for restoring and maintaining health.

The study group of ICSSR-ICMR (1981) took cognizance of the relationship between health of the people and the surrounding and considered health care services necessary but ot sufficient it noted "Health is a function not only of medical care but of the overall integrated development of society cultural, economic, educational social and political.

Social factors particularly those involving class seem to affect diseases at three levels (I) physical level in which the social class environment consisting of Nutrition and housing is viewed as responsible for infectious diseases: (ii) psycho social level in which diseases are attributed to the prevalence of mental stress and strain resulting from specific environmental factors and (iii) cultural level where different diseases prevalence rates among different social classes are interpreted in terms of attitudes and beliefs towards preventive and therapeutic care. Medial and health personal have paid attention to the social factors in the same order that is, more to the improvement of Physical conditions than to the averting of Psycho social disease producing characteristics of certain social environments or to the accounting for different attitudes among various cultural groups about seeking medical and health care.

The modernization process in the under developed countries has led to an increase in mental disorders and heart diseases as individual were required to adapt to modernized cultural modes involving geographical, occupational and social.

The discrepancy in rank and social status has also been shown to cause stress with adverse effects on physical and mental health. The nature type and conditions of work are also largely responsible for a variety of health problems. The ICSSR- ICMR study (1981) reveals how the mining quarrying and mineral processing industries like the chemical industries expose the workers to different diseases. Besides inadequate lighting, poor sanitation, inadequate ventilation and mental stress during work have also been pruned to effect the physical well being of a worker some of the health problems caused by different type of occupation pursued

by women have been brought to our notice by the National commission on self employed women and women in the informal sector.

Institution based activities;-

Health is one such goal which needs to be nourished for the growth of individuals and groups so that they would become productive factors in development initiatives. In the context of the developing nations, it is even more important to stress on human development through the inputs of health.

It is felt that in the developing countries, potential of a large number of poor persons for development is being wasted economic growth is necessary but not a sufficient condition to alleviate the loot of the poor in these nations investment in education health and population control can contribute significantly towards a better quality of life.

Every society needs to view health problems from its own socio- cultural perspective and tackle these according to the understanding knowledge values, attitudes and beliefs of people comprising it. As such, involvement of people in the organization of health care becomes a facilitating factor for the promotion of health and the prevention / cure of discase.

Improvement in the health and nutritional status of the population has been one of the major thrust areas for the social development programmes of the country. This was to be achieved through improving the access to and utilization of Health,Family Welfare and Nutrition services with special focus on under served and under privileged segments of the population. Over the last five decades, India has built up a vast health infrastructure and manpower at primary, secondary and tertiary care in government, voluntary and private sectors. These institutions are manned by professionals and paraprofessionals trained in the medical colleges in modern medicine and ISM &H and paraprofessional training institutions.

1.Community based activities.

Vivekananda Institute of Indian Studies (VIIS)

VIIS created for promoting and facilitating the study, Research, Development and Dissemination of Indian Culture, Spirituality, Arts, Dance,Music, and the like. Looking beyond the 'art and culture' in itself, the Institute attempts to augment holistic Human Development Initiatives through the forum of Art and Culture.

VIIS answers the needs of overseas students India 's Heritage, Philosophical thought, Arts, Dance and Music are attracting the attention of the people in different parts of the world. There is evident eagerness to explore India and learn more about India in all its glorious past and present - and in the process, enrich oneself. There is therefore a need for educational facilities to quench the thirst of the knowledge-hungry students from various Universities across the globe, and Universities with its state-of-the-art facilities.

Vivekananda Girijana Kalyana Kendra (VGKK) was founded in 1981 for the improvement of these tribal lives. Once the treatments of Dr.Sudarshan found acceptance among the soligas of B.R.Hills, tribals from neighbouring villages also started pouring in Dr. Sudarshan and his team would conduct information sessions in all these small hamlets to educate the local population about their work. The tiny hiospital began treating a number of ailments and VGKK's pioneering work began to show results.

While the medical facility took off and became a huge success, Dr.Sudarshan found from living among the Soligas that only health care did not bring about lasting changes in the lives of

these people. They lived in abject poverty and unawareness, and while curative treatment was a necessity, it was not the only one. These people needed a lot more.

Thus VGKK started adapting to the needs of the community and evolving into ways not envisioned in the beginning. It came to focus on 3 more aspects of tribal development education, empowerment and livelihood support- in order to provide more sustained benefits.

1. Health Care:

The 'hut on the rock' is now a 20-bedded hospital with all necessary infrantructures laboratory, X-ray facility, operation theater and a well- stocked pharmacy. This hospital caters to a large population of tribals in the region, including some from neighbouring Tamil Nadu as well, and offers them free treatment. The hospital maimtains detailed case records of the tribals, and computerization of these records is ongoing.

The Soligas and other tribals are indigenous forest people and have extensive knowledge of nature cures and medicinal herbs. Dr. Sudarshan decided to nurture this aspect of traditional herbal cure, and incorporate it in his treatments. The medicinal plants have been identified and documented, and are grown separately for therapeutic purposes.

There are several communities of tribals living in very far flung and inaccessible forest areas which cannot be serviced by the B.R Hills facility due to the immobility of these people. In the beginning they were served by Dr.Sudarshan with his medicine bags, traveling on foot to reach them. However now a special mobile health unit comprising of a doctor, a pharmacist/health worker and a driver has been dispatched to visit these areas.

2. Education

Looking at the needs of the community , the small hospital hut also started serving as a school at nights. The school on B.R Hills starting with a first batch of 6 students the school has grown to a strength of 500 students, and now offers primary, secondary, high school, college and vocational training.

Dr. Sudarshan realized very early on that alive, in order to remain connected to their roots. So, along with studies the school imparts knowledge on the several plant and animal species that abound in the nearby forests and the children are taught to cultivate vegetables, medicinal herbs, poultry,bees and silkworms.

Care has been taken to ensure that the children who are educated at this school are not left without means of livelihood, and have ample choices in life, which were perhaps not available to their parents.

Three among the first batch of students have completed their post-graduation, with one of them holding a PhD, a remarkable feat indeed. Most of the children who graduate from this school return to the community to help further education and other causes that VGKK stands for.

3. Community

The Soligas like other tribes across the country, have been largely exploited by the government and local forest authorities. With no clear land titles and no formal education, it was easy for them to fall prey to scheming outsiders. It was essential to unite all the soligas across bthe region, and give them a common voice for their petitions and struggle to be heard. This was accomplished with the organization of Sanghas in every village, which was a group of soliga representatives, to fight for their rights. Most of their alienated land has been restored to them and soliga candidates have done well in local elections as well.

4. The Person

Dr.Sudarshan is a study in commitment and humility. The recipient of the right livelihood award (1994) and the Padma Shri (2000) among many others, he brushes aside all his achievements with a sweep of a hand and a shy smile, and continues talking about the tasks he still needs to accomplish.

2.Reproductivity and child health care

In the past, medical and health practitioners have chosen no t to recognize and address this deep-rooted pathology, which has a negative impact on the physical mental and social health of girls, women and society itself. Violence against women, concerns millions of women; this collective pain and suffering is enough reason to warrant an end to the epidemic of violence and discrimination against women.

a. Reduce discrimination against women, particularly.
b. Formulate laws related to women that are supportive in nature for example laws related to dowry, rape, violence, mental health. Gender bias in laws has to be removed.
c. Comprehensive training of women health personnel at all levels-obstetricians and gynecologists, doctors, nurses, ANMs, lady health visitors, laboratory technicians. Changes in medical and nursing curriculum would be required to incorporate women,s health concers.
d. Ensure integration of reproductive health care in primary health care so as to optimize resources. Integration of programmes on AIDS, STDs, family planning and RTIs is specially needed.
e. Identify and deal with sources of unsafe abortion by providing appropriate low cost MTP services, etc.
f. Special effort is required in.
    - Documentation of local health practices related to women's health by gender-sensitive health personnel.
    - Propagation of medicinal plants and non-drug therapies appropriate for women,s health.
    - Identification and training of traditional birth attendants.
g. Men's role in family planning should be stressed. There is no mechanism for educating them (male multipurpose workers hardly exist) training and facilities for vasectomy ave much less than for tubectomy. This situation needs to be remedied.
h. Emphasise male responsibility in matters of conception, contraception, child care, sharing of house work. Specially when wives are pregnant or sick. This need to be done through programmes in schools, training programmes, IEC efforts and through the media.
i. Change societal attitudes towards the need to produce a male child rather than a female child, by addressing issues of property rights, illegality of dowry, punishment of perpetuators, sex determination by using ultrasound.
j. Ensure involvement of women from Mahila Mandals, etc in health policy making as well as programme implementations. Ensure women are present in local governance and at all levels of decision-making.
k. Monitor the impact of economic policies, specially changes related to social sectors, on vulnerable sections like poor women.

3. Water, sanitation, and hygiene education.

This program, supported by WaterAid – India , aims to create awareness among the public about the importance of hygiene and sanitation in daily life. The main focus is on school children and educating them to make them agents of change in their respective communities.

The Hygiene Educators regularly interact with the school teachers, members of SDMCs, Gram Panchayaths and Self Help Groups and also with the community during village fairs. General Health Checkups are held in all schools. Efforts are on to extend this program to a couple of blocks in North Karnataka too. 500 toilets are now being built in sindhanur taluk of Raichur district in partership with Jan Kalyam NGO.

Environment can affect human health in many ways. Deficiency of iodine in soil and food items is the cause of iodine deficiency disorder. Excessive fluoride in water causes fluorosis. Environmental degradation may affect air, land and water. Pollutants may enter the food chain and, hence, the human body. Rapidly growing population, urbanization, changing agricultural, industrial and water resource management, increasing use of pesticides and fossil fuels have all resulted in a perceptible deterioration in the quality of environment and all these have adverse health consequences. Environmental health would have to address the prevention, detection and management of the existing deficiencies or excess of certain elements in the environment; macro environmental contamination of air, land, water, and food; and disaster management.

So far, the major focus of environmental health has been on the communicable disease burden due to poor environmental sanitation in urban and rural areas and methods to tackle these. These efforts will be intensified during the Tenth Plan. Emphasis will be laid on establishing cost-effective and environment friendly technologies for safe, sanitary disposal of solid waste and waste water; improvement in access to potable drinking water, especially in urban slums and remote rural areas; prevention and management of healthconsequences of environmental deterioration.

Major developmental activities in any field such as agriculture, industries, urban and rural development can result in environment changes which could have adverse health implications. In the Tenth Plan period, efforts will be made to fully operationalise the Ninth Plan recommendations that: health impact assessment should become a part of environmental impact assess-ment of all large developmental projects; and health care of people involved in these projects and the prevention and manage-ment of health consequences of the population living in the vicinity of the project should be met from the project budget.

The rapid growth of industry especially in the small-scale and unorganised sectors is central to economic development but in the absence of appropriate technology and environmental safeguards, these become a major source of air, water ground and noise pollution. The Central Pollution Control Board (CPCB) under the Ministry of Environment and Forests regularly monitors pollution levels in all major cities and initiates appropriate remedial measures. In India, the problem of indoor air pollution due to the combustion of unprocessed biomass fuels by the urban and rural poor has to be reduced by providing appropriate fuel for cooking. Noise pollution is another area of increasing concern. During the Ninth Plan, the Biomedical Waste Management and Handling Rules (1998) and the Municipal Waste Management and Handling Rules (2000) were notified. A manual on Municipal Solid Waste Management was published in May 2000 by the Ministry of Urban Development. The CPCB has evolved a code of practice for controlling noise pollution in public places. Efforts to reduce air pollution, ground water as well as river water pollution have been taken up.

4. AIDS control programmes.

SVYM believes in a holistic approach in dealing with HIV. That comprehensiveness is brought about by Service Delivery, Training, Research and Advocacy activities. The service delivery component comprises of awareness generation activities, targeted intervention, condom promotion and blood safety, counseling and testing, treatment, care and support and rehabilitation. The service delivery component is also integrated into the RCH program.

SVYM runs two ART Clinics, a Integrated Counseling & Testing Center, a Care & Support Center, a program for Prevention of Parent to Child Transmission of HIV (under which all pregnant women registering for antenatal care are screened for HIV), an intervention program targeting highrisk groups in 3 Taluks of Hassan District and an extensive awareness program targeting all sections of the society.

5. Role of N.G.O.s and voluntary organizations and research findings.

Apart from purely private providers of health care, the NGOs and the voluntary sector have been providing health care services to the community. It is estimated that more than 7000 voluntary agencies are involved in health-related activities. Wide inter-state differentials exists in the coverage of villages by NGOs (Figure-2.8.13). NGOs providing a variety of services are relatively few, unevenly distributed across and within states and have limited area of operation. Some implement government programmes of the departments of family welfare and health. Others run integrated or basic health services programme or provide special care/ rehabilitation to people suffering from some specific diseases e.g., leprosy patients. Health care activities are also carried out by agencies like the Red Cross, industrial establishments, Lion's Club, Helpage India etc. Some of the problems faced by NGOs in delivery of health care include: limited interaction between the government and NGOs. limited financial management, technical and managerial capacity of the NGO; paucity of funds; an delays in transfer of funds from the government.

All India institute of Medical sciences- New Delhi. Kalawathi Saran Childrens Hospital-New Delhi. Indira Gandhi institute of Health and Medical Sciences- North East Region at Shilong. All India institute of Hygiene and Public Health. Education Commission of Health Sciences. N.I.M.H.A.N.S, Bangalore.

The media plays an importment role in the dissemination of information. It should be utilized to inform people about the various schemes, technologies and services that are available for people with disabilities. This information should be made relevant to persons with disability, their parents and families, society in general and the professionals serving them. Television, radio, print media in the various regional languages etc may be used for conveying revelent messages.

The media can be used to mould public opinion and change negative attitudes of persons with disability their parents and families and society in general. It can also be used to create awareness about the potentialities of disabled persons, legislative arrangements to protect their rights, treatment and rehabilitation facilities etc.

Conclusions

Health promotion and health education are complementary approaches to enable people to gain greater control over the determinants of their health. Whereas health education is concerned primarily with learning experiences and the voluntary actions people can take on their own, health promotion targets the social and environmental supports that can enable health education to meet its objectives. To assert that community is the most suitable locus for health promotion is not to overlook individual and societal factors as determinants of health, but that these should be appraised and targeted for change in terms of their meaning and importance in the community context. This will ensure the relevance and appropriateness of change strategies to the people affected.

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