RESEARCH FRONT

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HEALTH PERCEPTION OF BPL FARM LABOUR

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ABSTRACT

Health is dynamic conditions resulting from a body's constant adjustment and adaptations in responses to stress and changes in the environment for maintain an inner equilibrium called homeostasis. Coping with health issues depends to a large extent on our awareness of health issues. There are large numbers of BPL village in India where majority of residents are farm labour having a day today existence and researches on their health perception are scanty.

The purpose of the present study was to explore the health awareness in terms of the health perceptions of farm labour. The sample comprised of 600 farm labour of village kuriyana, singahi lakhimpur kheri distrist of uttar Pradesh. Health awareness has been explored in terms of four dimensions related to semantic of health, healthy person, illness and causes of illness. Besides their perceived health status, coping with illness and perceived correlates of the health were also explored. A perceived health schedule was used to measure the perceptions. For the semantic of health 37.7% of the sample felt that health is important and necessary, where as for semantic of healthy person, 46.2% construed this as absence of sickness. Semantic of illness shows that 35%related to specific disease. Nutritious diet has emerged as an essential correlate of health.

Keyword: Health perception, Healthy person, Illness and causes of illness

INTRODUCTION

To psychologist, health is normal functioning of mind to a physician; it is principally the normal functioning of the body. People's attitude to health, their ideas about the cause of illness, and the relationship between attitude and behavior portrays different meaning of health in their mind to many individuals; it merely means freedom from poor health. (Nandy, 1969)

Health system and practices in all societies are based on certain shared belief about the world, self and human existence. These cultural beliefs provide the necessary framework for defining health, understanding the causes of illness, and deciding the modes of treatment (Dalal and Singh 2001). Health is considered to be integral to the general well being of the person, where no clear cut distinctions are made between physical, mental and spiritual health (Paranjpe, 1984). To obtain an understanding of the causes of an illness, attention is focused on the subjective experiences of the individuals, as well as on the conditions of the external world (Dalal and Singh 2001)

In Rural India health is still seen as the absence of disease, whereas at the time of the creation of the World Health Organization (WHO), in 1948 health was defined as state of complete physical, mental and social well-being and not merely the absence of disease of infirmity.

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Thus our ancient literature depicts ‘‘health in terms of wellbeing’ and way of living, with the passage of time our present life style seems to focus more on materialism which is indeed the cause of all misery risking physical health as well as mental health.

It becomes imperative to discuss the models of health briefly for a comprehensive understanding for the concept of health.

THE BIOMEDICAL MODEL

In the recent time, the most common way of thinking about health, is based on biomedical model, as it views health as the absence of physical diseases. This definition of health relies heavily on the medical model of health care and emphasizes the role of physician in observing and evaluating symptoms of diseases and making an accurate diagnosis. The usefulness of defining normal health as biological average states seem questions able because normal health can be expected to vary greatly, depending on culture, social class and age (Mishra and Verma, 1999). Wood (1986) observes that the medical model distinguishes between diseases illness and health. Disease is a condition of the body in which its structure or function is disturbed or deranged. In contrast, illness is an individual’s perception that one is suffering from a disease.

THE WHO MODEL

A more holistic approach to health is taken in the WHO model. The constitution of the World (United Nations 1984). WHO’s constitutions also say the highest standard of health- physical, mental and social is fundamental right of all persons (Basch 1990).

The WHO definition of health has been criticized because of lack of consensus of the meaning of well-being in definitions (Bice 1976). Yet it is perhaps the most comprehensive definition of health. Its holistic approach might be used to improve medical research in future by developing more practical norms for mental and social well-being.

THE ENVIRONMENT MODEL

In the early 1970s, while distinguished two general types of definition in which health is open ended (similar to the wellness model) and a more elastic concept in which health is related to stresses and interaction with the environment (Basch1978). In 1975, Hanse Selye observed that life and health are largely a matter of adaption to our environment. If we adapt well stress and resultant diseases are minimized, but many common diseases ‘’are largely due to errors in our adaptive responses to stress’’ (Selye 1975). This includes both physical ailment and nervous and emotional to the environment –physical, social, and other environment. Others contributing to this model are Dubos and Persons (Quoted in Navarro 1977).

THE WELLNESS MODEL

The wellness model say that health is more than absence of illness and also has positive dimension such as well being, energy, ability to work efficiency (Schroder 1983). The wellness model recognizes that very large numbers of diseases are headed by the body itself (Dubos, 1979). Health is greatly influenced by personal finding energy comfort, to perform (Greer, 1986). Critics of the wellness model point out the numerous difficulties in measuring subjective perception which may vary according to age and culture.

State of affairs with regard to health in India

There is a definite need to engage communities and the populations as a whole in a debate to challenge traditional stereotypes and accepted social norms. The focus should be on

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public health approaches to change social and culture perceptive with the aim of primary preventions of discriminations while continuing medical interventions for early diagnosis and management of the medical consequence. Health indices show an uneven rural urban divide. However, the needs, values, and motivations of people coming from rural areas and different socioeconomic status group are distinctly different from those of people in the cities. This is a serious national concern for which health inputs need to be focused and target based

Rural development, especially the health status of India's rural populations is a cause for concern. Health system requires a paradigm shift from the current 'biomedical model' to a 'socio –culture model' which should bridge the gap and improve rural health, is the current need (Shinha, 1990). A revised National Health policy addressing the prevailing inequalities, and working towards promoting a long –term perspective plan, mainly for rural health, is imperative, which incorporates mental health also.

The reviews of the literature: reveal that health perception has been widely explored with reference to only certain areas i.e. Kumar, (2004) in his study of health perception in village found about the health belief that more males construe physical size of the body as health, while more females reported that they have no knowledge about semantic of health. Another report that women experience a higher frequency of hallucination or more positive psychotic symptom then men (Lindaner et al 1999). Most of the researches on this marginalized group have focused on physical health status (Bhatnagar, Dosajh and kapoor, 1986 ;) Harkapa,Jarvikoski and Vikkari(1996) found that belief determine not only the health cognition of individuals, but also their treatment strategies, perceived treatment outcomes as well as coping strategies.The findings broadly suggested that internal (individuals, psychological) and external (supernatural, environmental) causes of illness co-existed in the belief system of patients. (Awasthi and Mishra, Shahi and Singh 2004). Mishra (2001) examined health cognitions and practice of young (25-30) and old(40-60 years) rural women, with respect to supernatural factor evils eye, evil spirits, local duties). The analyses revealed that both young and old women held them quite strongly. Older women attributed supernatural causes to other health problems more than younger women did.

Social Representations of Health and Illness

It is now well accepted that health and illness beliefs may not be learned from direct experience but are derived via constructive processes of communication and interaction. Beliefs about health and illness are rooted in everyday social-psychological processes and may represent a meaning system different from medical and scientific knowledge. What we know about health and illness may be an artifact of cultural and social-psychological processes. Socially determined meaning systems also provide an insight regarding transformation of scientific knowledge into lay meaning. Everyday knowledge is less explicit and less defined than scientific knowledge, but takes into account aspects of scientific rationalization. An important point to be noted is that, in order to understand the conceptualization and commonly understood meaning pattern of health and illness, the connection between individual knowledge and implicit social knowledge needs to be explored. This relationship can be explored by studying social representations

Purpose:

To explore the health perceptions of BPL farm labour of kuriyana villag

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Design:

Expost facto research with exploratory orientation

Variable:

Gender, health and mental health

Sample:

The sample comprises of 300 males and 300 females adult farm labour Kuriyana village of Lakhimpur district of Uttar Pradesh. The relevance of picking up the sample from rural sector is that there is a need to focus on rural mental health particularly that of socially disadvantage people, when 75% of population in India resides in rural villages.

Tool: A self developed interview schedule was used to explore the health perceptions.

Results and Interpretation:

Since, mental health forms a part of physical health of people living in adverse circumstance with little or no health services, it seems pertinent to explore, how do they addresses health issues and what is their mental health regarding various issues. The perception of health explored three dimensions which are semantic of health, semantic of healthy person, semantic of illness.

Semantic of health:

The human body is made of experiences transformed into physical expression. The cells are continuously processing experience and continuously, metabolism is occurring in the body the mind influences the body and biochemistry of the body is the product of awareness. When the semantic of health was explored the voluminous now data was generated. The content analysis bought five major categories.

Table 1: Semantic of health according to gender:

SR.NO.	Response Category	A1 Male (%)	A2 Female (%)	Total (%)
1	Good Body Build	35.2	34.4	34.4
2	Importance/Necessity for Body	37.6	37.8	37.7
3	Synonym of Health	14.4	14.2	14.3
4	Healthy body	12	11	11.5
5	Don,t know	.08	2.6	1.7

The data was sparsely distributed across the response categories 37.7% of people “acha khanpan khane se sehat hoti hai’’ the whole sample feel the importance of health while 34% ‘’ construe health construe health in terms of good body build ‘’bhara sharer/mota tagda inshan hi sawat hota’’ Both male female farm lobour construe health in the same way.

Semantic of healthy person:

It is holistic view and the attitude one has towards life, which decides whether the persons would be healthy or unhealthy. When the semantic of healthy person was explored the voluminous now data was generated the content analysis bought seven categories major categories:

Table 2: healthy of person according to gender:

S.NO.	Response Category	A1 Male (%)	A2 Female (%)	Total (%)
1	One who has no sickness	47.2	45.2	46.2
2	One who has no Anxiety	38.4	37.4	37.9
3	Money	3	6	4.5
4	Healthy build	3.2	4.2	3.7

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5	Healthy life style	4	2.0	3.0
6	Comforts	2.6	3.6	3.1
7	Don't know	1.6	1.6	1.6

Table 2: clearly indicates that two responses categories emerge as most prominent. 'Absence of sickness' (46.20%) jiske bimari na ho wahi sehatmand adami hai' and Absences of anxiety (37.90%), jisko koi chinta nhi wahi sehatmand hai' respectively. Most of the sample either responded.

Semantic of Illness:

The word diseases have emerged from the joining of two words 'Dis' ease' Thus, when one is not at ease, the state felt within, reflects some disease. How one addressed and copes with diseases is to a large extent dependent upon the perceived meaning of diseases. When the semantic of illness was explored voluminous data was generated the content analysis bought three major categories:

Table 3: Semantic of Illness according to gender:

S.NO.	Response Category	A1 Male (%)	A2 Female (%)	Total (%)
1	Specific disease	34	36	35
2	Poverty	32.2	31.2	31.7
3	Absence of health	33.8	32.8	33.3

The most interesting finding is that of 31.7% respondents both males and females who reported that 'poverty 'are related to diseases as many of them reported. ''garibi ka matlab hi bimari hai, garibi hi sab bimari ka jad''.

CONCLUSIONS

Major observation regarding the perception of health issues are based on three dimensions: awareness of health, Health status, mental awareness, Correlates/Essentials of health, coping with Illness, Satisfaction with life.

By and large the first assumption that 'health awareness would be poor in general' stands supported. With regard to second assumptions that 'perceived health in mental health of males would be better than females, as males would have a more complete information base and positive coping than females. Is partially supported as there were no remarkable gender differences in the health perceptions because of same mind set.

Health was construed as 'importance and necessity' (37.7%) followed by 'good body build' 3333(34.8%) and Healthy person was construed as one has no 'sickness' (42.20%), followed by 'absence of anxiety' (33.9%).

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