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A Sociological Study on Health Seeking Behavior of Women with Reference to Hepatitis and Gall Bladder Stone in South Assam

Jayeeta Sen

Department of Sociology, Ramakrishna Nagar College, Ramakrishna Nagar 788 166, Assam, India
Mobile: 9435377166; E-mail: jayeeta_rknc@yahoo.co.in

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ABSTRACT Health seeking behavior of women is an important area of study. Since prevention of disease and its cure lies more on behavior disposition than on medicine, the question that arises is whether women in India can behave in a manner favourable to their health. Unequal status of health of women is a worldwide concern. Notwithstanding, universal declaration of human rights aim to provide a common standard of living and women are by and large victims of poor health in almost every nook and corner of the world. Socio-cultural values of Indian society places women in lower rank of the gender strata. Women lack liberty in consuming food, nurturing health-oriented behavior etc. Moreover, their behavior must reflect on the honour of their husbands. A young girl is brought up to believe that her own wishes and interests are subordinate to those of her husband and his family. And women are to depend on their male counterparts regarding health care facilities as well as in decision-making related to health care, such as preference in selecting doctor, place of treatment, types of medicine and so on. Thus, they are not only alienated from health care facilities but also from right to liberty. Hence, the present paper aims to study the health seeking behavior of women in Barak valley with reference to hepatitis and gall bladder stone. These diseases are endemic in the valley and occurrences of which rely on behavior disposition of people.

INTRODUCTION

Behavior oriented studies on health are of recent origin. Since behavior is determined by social practice and cultural values, it is not insignificant to explore the linkage between women rights and health seeking behavior. Health- seeking behavior means to take care of health or to lead a healthy life. But for Indian women taking care of health is a far-fetched object since she is obliged only to nurture children and render domestic services to the husband and other inmates in the in-law houses.

Social and cultural values are placed women in the lower rung of the social hierarchy. Role of women in child- bearing and child- rearing as well as domestic income are primordial than health seeking behavior. Being patriarchal society Indian women are socialized to take care of their health less seriously.

Social and cultural discrimination is part of a woman's life. Social and cultural values deprive women from the right to dignity and right to life in terms of economy, politics, culture and so on. In India, traditional status of women is lower than men. In the man -woman relationship, a man is always placed as an individual with a powerful personality who acquires a position of dominance. It is the man who commands power over woman (Ahuja 2005). Women are treated as servile. Servile attitude of women starts from the very beginning of their life. Women are denied their right at each and every aspect of life. In the father's house she remains under the subjugation of father, brother and others and in the in- laws house, it is under the subjugation of husband and other elder persons. A woman gets rare opportunity to take a decision by herself. As Manu, the legendary philosopher puts it, "In childhood a woman must be subjected to her father; in youth to her husband and when her husband is dead, to her sons". In a patriarchal social structure lower status of women stems from economic dependence, religious prohibitions, caste restrictions, and lack of female leadership, apathetic and callous attitude of male. The matrilineal joint family system curbed women's freedom and contributed to their low status in the family by assigning status based on age, sex and kinship. Lower status of women was again strengthened by *purdha* during the Muslim rule. Under the influence of socio-economic impact of Islamic rule, Hindus adopted Muslim custom of female seclusion, which implied a complementary division of labor by sex (Ahuja 2005).

It is reported that 60 per cent of the Indian women living in villages are married below 18 years of age. This indicates negligible involvement of women in the most important decision

of their lives (www.The Tribune, Chandigarh, India - Editorial.htm 2008). Therefore, the women's assertion to choose a partner is considered almost revolutionary in a society that does not even permit a woman to decide about the age and timing of her marriage. In Punjab, a woman belonging to lower middle class of the family was unable to justify the proper cause of seeking divorce and tried to put forward parent and sister's sickness instead and an army officer who continued to accept the dictatorial attitude of her graduate businessman husband to keep peace at home until one day she could take no more and came to a women counseling centre unit to seek help (www.Tribune, Chandigarh, India - Editorial.htm 2008).These facts explicate unquestionable prevalence of fidelity among all section of population. The glamorized image of Indian woman splashed in fashion and glossy magazines might come across as a perfect contrast to this quote but one should not forget that this largely superfluous image reflects only a very minor segment of society and is no indicator of the liberty and freedom available to an average household Indian woman. According to a 1992-93 survey, in Punjab which is otherwise known for its affluence and modern outlook, the percentage of mothers in the 13-19 years age group was 64.4 per cent.

The reasons for the negligible or little involvement of women in the most fundamental decisions of their lives are numerous. While many prefer to accept it because of economic dependence, others continue to avoid the wrath of society. A woman being the decision-maker regarding the basic and the most fundamental issues of marriage and child birth might appear as a far-fetched thought in a society where she does not even have the liberty to decide if she can visit her relatives or the kind of food to be cooked. A recent survey revealed that more than 80 per cent of women from states such as Bihar, Madhya Pradesh, Maharashtra and Andhra Pradesh have to seek prior permission from their husbands or in-laws before visiting friends or relatives. In Uttar Pradesh, about one-third women do not have the liberty to decide what is to be cooked at home. Inferior status of women is a fact not only of patriarchal social structure, it is in practice in matrilineal societies as well. In matrilineal social structure, women are systematically excluded from politics and any other key areas of rights. They are merely treated as reproducers. Being a matrilineal social structure, the Khasi society cannot provide freedom from the bondage of lineage as well clans that are always headed by a male. Clan and lineage exercise control over important family matters. Implicit division of gender role among the Khasis is the hint that women lack expertise and skills to handle important and major matters. The exclusion of women from politics and denial of rights to manage their property give the impression that society finds them lacking in administrative and managerial ability—roles which demand tact, shrewdness and decisive action (Nongbird 2003).

Health is one of the potent sources of inequalities. It is reported that women receive less protein rich food than men even during the days of pregnancy. In poor countries 95 percent of women deaths are caused due to unsafe abortions. Research studies observe womens' awareness regarding the need for contraception and limiting the number of pregnancies. The study also acknowledges the consciousness related to sterilization and other methods of family planning amongst the women in remote tribal and rural villages also. However, their utilization of family planning is low. This will not change quantitatively unless the circumstances within which fertility discussion takes place are made to change. Womens' low decision- making power is a barrier to control early age of marriage, and poor health leading to miscarriage. They are not able to fight against social pressure created in opposition to the use of contraception for desired family size as well as general son preference (Khan and Singh 1987). Many studies have reported that health problems arise from domestic chores like cooking, fetching firewood and tending to children. Domestic violence is also a menace. The cultures of masculinity, aggression, dominance and so on underlie mens' violence. In a report prepared by Registrar General of India, suicide, heart attacks, burns and cancer have emerged as an important cause of women mortality though tuberculosis has attained some control (Ahuja 2005).

The action and practice undertaken by an individual to be healthy and remain free from the occurrences of disease is referred to as health seeking behavior. Kassl and Kobb define "The activity undertaken by a person who believes

himself or herself to be healthy for the purpose of preventing, while illness behavior is the activity undertaken by a person who feels ill for the purpose of defining that illness and seeking relief from it" (Kassl and Kobb 1966:19-38). It is seen that attaining good health has become an embedded part of the culture that plays a pivotal role in the early nineteenth century in west. As Green observes "amongst the Protestant Ethics under the influence of religious doctrine, healthy practices concerning good health were practiced across all classes as it was believed that Christ may likely to reappear with the advancement of mankind and good health was one of the objectives of human advancement" (Green 1986: 10). Good health, avoidance of disease, debility and 'premature' death etc. have extraordinary importance. He further observed that healthy practices are performed to attain good health. Thus, when health seeking behavior is discussed from Weber's perspective of class, status and party, it is observed that good health has become an object. But when it is visualized from the cultural-holistic point of view, good health has its subjective meaning. And when good health is subjective and cuts across society, it can analyze from Durkheim's theory of social fact. Healthy practices are a bundle of "social facts" and external to an individual that cannot be avoided when good health is to be maintained in order to reach a broader objective.

Although good health is attained under the influence of religious and other values of patriotism, business and beauty that prevailed in traditional society; good health itself has become a social value of modern society. As studies by Crawford (1984) implicates that individual self-control and improvement in quality of life has become an integral part of culture and has spread across all social boundaries in the countries of USA, Germany and Denmark. [1]

Regarding health seeking behavior of women is concerned, health care facilities are yet to provide in many areas. However, it is also a fact that Indian women do not avail these facilities. Social and cultural values are hindrances to taking proper health seeking behavior. Household duties are prior over seeking prevention or treatment. As far as decision- making of treatment is concerned, husband and mother in-law plays decisive role. A woman's own view is less important both in general illness as well as reproductive matter (Barua and Kurz 2008). It is further reported that a majority of women in India prefer to choose to give birth at home despite having health services within their reach. Family tradition and economic constraints are etiologies that are in the way to institutional delivery practice. Gloomy scenario of health seeking behavior of Indian women is reported from the data that in urban slums of national capital and other parts of the mainstream, 80 percent mother are reported to give birth at home. A study from the slums and peripheral areas of national capital reported to occur 70 percent home deliveries, of which more than 80 percent are attained by untrained *dais (*Khan 2009).*Dais* are untrained ladies who perform the role of a doctor if child birth take place at home. The study further explores tradition of home delivery is a societal norms. However, economic constraints are also major concerns that inhibit women to avail proper facilities of medical care. Thus, the present paper aims to focus on health seeking behavior of women in Barak valley with special reference to jaundice and gall bladder stone that are an endemic in the valley.

MATERIALS AND METHOD

A survey was conducted to collect relevant information from the patient of hepatitis and gall bladder stone who were admitted in different hospitals of Silchar town. Since Silchar is the medical hub of health care of south Assam, people throughout this region conglomerate in Silchar town in seeking treatment. Data were collected from 104 female respondents with a structured schedule. Samples were equally distributed between each ailment that is 52 hepatitis respondents and 52 gall bladder stone respondents from the age of 6 years onwards. The sample was designed as 6-17 years, 18-30 years 31-45 years and 45 years and more.

RESULTS AND DISCUSSION

Profile of the Respondents

Amongst the hepatitis respondents, 24 of them belong to rural areas and 28 of them were from urban areas, 31 of gall bladder stone respondents hailed from rural areas (see Table 1). More than fifty percent of the hepatitis and a

little less than 60 percent of the gall bladder stone respondents were either illiterate or primary school educated and only one of the respondents with gall bladder stones was a graduate (see Table 2). More than sixty- nine percent of the respondents with hepatitis and 60 percent of the respondents with gall bladder stones were either students or unemployed (see Table 3). Of all the hepatitis respondents, more than 60 percent of them had total monthly family income of rupees five thousand only. Of all these respondents there was a single male having total monthly family income of more than rupees 15,000 only (see Table 4).

Table 1: Disease by respondent's residence

S. No.	*Residence*	*Name of the disease*		*N* (percentage in parenthesis)
		Hepatitis	*Gall bladder stone*	
1	Rural	24 (46.2)	31 (59.6)	55 (52.88)
2	Urban	28 (53.8)	21 (40.4)	49 (47.12)
Total		52(100.0)	52 (100.0)	104 (100.0)

Table 2: Disease by respondents' education

S. No.	*Education*	*Name of the disease*		*N* (percentage in parenthesis)
		Hepatitis	*Gall bladder stone*	
1	Illiterate and primary	27(51.9)	31(59.6)	58 (55.76)
2	Second to HSSLC	19(36.5)	18(34.6)	37 (35.57)
3	Graduate	-	1 (1.9)	1 (1.9)
4	Technical and other	6(11.5)	2 (3.8)	8 (7.6)
Total		52 (100.0)	52 (100.0)	104 (100.0)

Table 3: Disease by respondent's occupation

S. No.	*Occupation*	*Name of the disease*		*N* (percentage in parenthesis)
		Hepatitis	*Gall bladder stone*	
1	Student and unemployed	36 (69.2)	32 (61.5)	68 (65.38)
2	Business and self-employed	6 (11.5)	11 (21.2)	17 (16.34)
3	Service	10 (19.2)	9 (17.3)	19 (18.26)
Total		52 (100.0)	52 (100.0)	104 (100.0)

Hepatitis: It was realized from the interaction with the hepatitis respondents that the symptoms of jaundice appear slowly and gradually. At the very beginning they feel a kind of uneasiness which could hardly be disclosed to anybody because these are not recognized in the purview of the definition of illness. Gradually symptoms of nausea, tendency of vomiting and a kind of weakness started to develop. When someone falls sick, the first step is to diagnose and seek treatment at familial level. At familial level all home remedies which are part of culture of the community are applied. If symptoms persist, information is disseminated to neighborhoods or close friends, advice of relatives or close friends within the community is sought by the sick individual or his or her family members. All types of remedies within the framework of culture in the form of folk ways of people in general have been provided by the community centre around the ego. In case the efforts do not prove to be effective or the symptoms get worse or new symptoms develop, the sick individual is referred to medical practitioners. Allopathic, homeopathy and indigenous method are three types of treatment generally sought for jaundice. Indigenous method of treatment is provided by healers. The treatment by healers is regarded as non-scientific method based on primitive medicine as well as folk medicine. The folk medicines or ethno medicines are constituted by a bundle of beliefs that are accepted and enforced into practice without either any resistance or critical scrutiny.

Table 4: Disease by respondent's monthly family income

S. No.	*Monthly family income*	*Name of the disease*		*N* (percentage in parenthesis)
		Hepatitis	*Gall bladder stone*	
1	Less than 5000	32 (61.5)	28 (53.8)	60 (57.69)
2	50000-10000	17 (32.7)	8 (15.4)	25 (24.03)
3	10000-15000	3 (5.8)	15 (28.8)	18 (17.30)
4	15000 and above	-	1 (1.9)	1 (0.96)
Total		52(100.0)	52(100.0)	104 (100.0)

Jaundice is believed to be cured with the intervention of supernatural agencies and their activities; priority is given to seek healers help; though it is subjected to peoples' socio-economic and educational status. In case of failure of healers' treatment, institution of formal health care is resorted to which provide allopathic treatment. But even in that case, there exists an interface of both primitive medicines as well scientific medicine because rigorous infection may compel to resort to allopathic medicine but be-

lief on efficacy of supernatural practices cannot be changed. In many cases disease is diagnosed by the professional health care agency. Once the disease is diagnosed, health seeking from both traditional and modern medical practices exists simultaneously. As soon as jaundice is diagnosed people seek the help of healer. Along with this, help from professional health care is also sought besides the home remedies. Regarding the treatment given by the healer, there is a firm belief of people in general including the highly educated section that jaundice is cured only with the treatment of healer. In many cases jaundice is being diagnosed by the member of the community itself and for seeking treatment healer's remedy is adopted. But in case of higher intensity of billurubin in the blood it can't be cured, rather the agony is intensified and the help of professional health care provider is required.[2]

It is seen from Table 5 that indigenous method of treatment is most popular among the people in general in Barak Valley. Not even twenty percent of them prefer allopathic medicines. Nonetheless, use of homoeopathic medicines is least popular but data indicates good size of homoeopathy users. It was presumed that higher educated people are likely to rely more on allopathy. But even graduates are not able to come up from the pseudo belief on blowing and whiffing.

Table 5: Respondents and first time consultation for treatment

S. No.	*First consult for treatment*	*Hepatitis*	*Gall bladder stone*
1.	Allopathic	-	73.4
2.	Homoeopathy	17.30	15.0
3.	Indigenous	11.53	2.5
4.	Both	40.36	10.0

Data reveal that majority of the respondents favor indigenous treatment. Table 6 highlights, that forty percent of the respondents have gone in for allopathic treatment exclusively. Although data highlights that a fifth of the respondents are using indigenous methods, but in reality it is over forty percent because there are also a group of respondents who are found to be using both allopathic and indigenous medicines even if they are hospitalised with severe infection. It was presumed that poor economic conditions may be the etiology of preferring indigenous medicine but the study illuminates that it is cultural forces that subjugate other forces.

The discussion with the respondents reveal that those who have consulted either allopathic or homoeopathy doctors or indigenous healer, a large segment of them are not satisfied with the treatment. As consultation takes place on repeated intervals, attempt has been made to study the pattern of satisfaction at least two times. It is seen from the interaction with the respondents who have sought allopathic treatment for the first time, a significant number of them are reported to be dissatisfied with the treatment. Out of 4 respondents who have sought homoeopathy, only 2 of them were satisfied with the treatment. But those who have gone in for indigenous treatment, 9 out of them were not satisfied with this system. Of the respondents who have consulted both indigenous medicine and allopathic simultaneously around 80 percent of them are satisfied with the treatment (see Table7). The reason for being not satisfied with the treatment in case of allopathic medicine is that it is a costly treatment. Of all the respondents who were not satisfied with homoeopathy treatment, the reason was that they felt that it either cannot cure or it takes time. Respondents who were not satisfied with the indigenous treatment have asserted that it cannot cure. Surprisingly, it is found that the respondents who were not satisfied with the allopathic treatment, half of them believed that it cannot cure the disease, a few of them expressed their dissatisfaction because treatment takes time (see Table 8)

Table 6: Hepatitis respondents and consultation for treatment by family income

S. No.	*Consult for treatment*					*Total*
	Family income	*Allopathic*	*Homoeopathy*	*Indigenous method of treatment*	*Both*	
1.	Up to 5000	15 (60.0)	1 (4.0)	6 (24.0)	3 (12.0)	25 (100.0)
2.	>5000-10000	2 (15.38)	3 (23.07)	3 (23.07)	5 (38.46)	13 (100.0)
3.	>10,000-15000	6 (42.85)	-	2 (14.28)	6 (42.85)	14 (100.0)
4.	Total	23 (44.23)	4 (7.69)	11 (21.15)	14 (26.92)	52 (100.0)

Table 7: Hepatitis respondents by first time consult for treatment and satisfied with the treatment

S. No.	*System of medicine*	*Consult for treatment*		*Total (Percentage in parenthesis)*
		Yes	*No*	
1.	Allopathic	6 (43.0)	17 (57.0)	23 (100.0)
2.	Homoeopathy	2 (50.0)	2 (50.0)	4 (100.0)
3.	Indigenous method of treatment	2 (44.23)	9 (23.73)	11 (100.0)
4.	Both	11 (78.57)	3 (21.43)	14 (100.0)
4.	Total	23 (44.23)	48 (30.0)	52 (100.0)

Table 8: Why people prefer allopathic by respondents

S. No.	*Reason for preferring allopathic (in percent)*		
		Hepatitis	*Gall bladder stone*
1.	Believe in allopathic	38.8	23.8
2.	Other cannot cure	35.6	21.0
3.	Disease was acute	20.0	51.0
4.	Guardian take decision	5.6	5.2
5.	Other	-	-

In case of second time, a large number of the respondents consulted allopathic doctor. It means that those who were dissatisfied with the homoeopathic or indigenous treatment consulted the allopathic doctor in the second round. Thus, the respondents strongly believed that allopathic treatment is the best treatment for hepatitis. However, the respondents who were not satisfied with allopathic treatment did not provide complete care, they consulted indigenous method of treatment or an interface health care provider.In this regard decision making plays an important role. Decision- making is an important element in health seeking behavior of people. Suchman's (1964) model on decision-making gives an account of the decision- making process . Decision- making often depends on length of time, the time at which symptoms are experienced and the particular interpretation of meaning. So far as health seeking behavior is concerned, 13 married respondents (100 percent) with hepatitis have taken the decision for allopathic treatment 0and it is at the will of their husbands; 30.8 percent and 69.2 percent of them hail from rural and urban areas respectively (Table 9).

Gall Bladder Stone: The problems of gall bladder stones are more severe than jaundice and they are diagnosed within a short span of time. In most of the cases, gall bladder stones are diagnosed due to acute stomach pain which forcibly lead people to seek the professional health care. There are many cases where the patient was suffering from gas and acidity for the last two years but no attention had been paid since gas and acidity is not considered as illness. Social solidarity and integrity is observed from the activities of community members who provide physical and moral support to the sick individual.

In reply to the question "whom do you first consult" more than three- fourth of the respondents have replied "allopathic doctor". A little more than fifteen percent of them have consulted homoeopathic medicine.

Data shows the consultation of the respondents for the first time for treatment of gall bladder stones. The data reveals that first allopathic physicians are mostly preferred for treatment of gall bladder stone formation. Quite a significant number of them have resorted to homoeopathy treatment also and a few of them resorted to indigenous method of treatment. Out of those who have consulted the physician for the first time, except a few, all of them were satisfied with the treatment. In contrast to this, those who had taken homoeopathy medicine, vast percentage of them remain dissatisfied with the treatment. Interestingly none has reported to be satisfied with any other type of treatment (Tables 5 and 10). Reason for preferring allopathic medicines in case of gallbladder stone respondents slightly varies from hepatitis respondents. It is seen that severity of the disease is the main reason for preferring allopathic medicine amongst

Table 9: Hepatitis and decision-maker and residence of the respondent

S. No.	*Residence*	*Decision maker*			*N* (percentage in parenthesis)
		Husband	*Father*	*Other*	
1	Rural	4 (30.8)	19 (50.0)	1 (100.0)	24 (46.15)
2	Urban	9 (69.2)	19 (50.0)	-	38 (53.84)
Total		13 (100.0)	38 (100.0)	1 (100.0)	52 (100.0)

the respondents. Not even a fourth of them have resorted allopathic owing to their strong belief in allopathic system. There are also a small group of respondents for whom guardians' decision is the vital factor (See Table 8).

Table 10: Gall stone respondents and satisfied with the treatment

S. No.	*Satisfied with the treatment*	
		Gall bladder stone
1.	Allopathic	78.4
2.	Homoeopathy	7.69
3.	Indegenous	-

Physical Exercise: Physical exercise or playing games are also part of health- seeking behavior. Physical exercise plays a key role in preventing many diseases. In India, physical exercise was a part of ritual activities of saints or *Muni Rishis*. It is also a teaching recorded in *Rigveda* to remain physically fit. It is seen from the Table 11 that although the practice of both physical exercise and games are not satisfactory in either of the respondents, yet the practice of exercise is more than the habit of playing games.

Table 11: Physical exercise and respondents

S. No.	*Physical exercise*	*Hepatitis*	*Gall bladder stone*
1.	Games	10.8	16.9
2.	Exercise	24.4	31.3
3.	No-activity	64.8	51.0

Healing: The analysis on health seeking behavior shows, over 40 percent of the hepatitis and 2 percent of the gall bladder stone victims have consulted indigenous medicine men or healers. As stated earlier, healers are experts who know and perform magic related to health and disease. Each and every small scale society is attributed to having this type of healing activity. Healing practice is a cultural artifact of the society. People irrespective of any socio-economic status believe in magical practice. A set of ideas and beliefs are associated with this primitive medicine. Folk medicines, on the other hand, are peoples' way of treatment or medicine of people. One of the attributes of primitive medicine is an association of supernatural agencies and their interventions in the lives of people with the application of magic or sorcery. Magic is a part and parcel of life of people in traditional society. Regarding magic Malinowski wrote "Everything that vitally affects the native is[1] accompanied by magic. All economic activities have their magic; love, welfare of babies, talents and crafts, beauty and agility-all can be fostered or frustrated by magic" (Malinowski 1948). Magic is often accounted to be a cause of illness and not surprisingly, they are inseparably associated with treatment. Magic is functional for two reasons: (i) It gives relief from anxiety, (ii) magical activities very often result into successful treatment because success of treatment lies on behavior of people. For instance, the process of charming and incantation applicable to bone fracture is a kind of message in reality that will bring into being the success of treatment and is accounted for as efficacy of magic. Primitive medicines are confined with the provinces of healer only. Folk medicines, on the other hand, are available to all members of the society. Folk medicines are based on the principle of medical believes and practices. Folk beliefs are part of the oral tradition passed on from parents to children, from older generations to the young; they thus develop the potent sanction of tradition. In the context of treatment seeking behavior, structural influence of culture cannot be ruled out. Individual's dependency on healer may be due to communication gap between the doctors and health seeker. Since there is a wide gap between medicos and the health seeker, the nature of disease and treatment is not understood by the people. On the other hand, healers are their "in group" as members of the society and as such interact with the people properly in the language of culture. Moreover, in the mixed-economic political organization of India, there is inequitable distribution of resources to restore. Due to poverty, they cannot meet the expenditure of medical costs, doctors' fee and the cost of medicines. So far as jaundice is concerned, people irrespective of their socio-economic status believe in healing. People of lower socio-economic background seek the help of healer and follow the instruction of the healer more than the instructions of a professional physician. People who belong to upper socio-economic background follow the instruction of the healers but simultaneously they also accept the advice of the professional health care provider. Thus, healers are considered as medium for benevolence of spirit by the society as a whole.

CONCLUSION

The analysis shows that the traditional values are preponderant in health seeking behavior in general and women in particular. The sick individuals after applying their knowledge of herbs, drugs and magical incantations, resort to their immediate family member or kinsfolk for advice and comfort. As it is seen in tribal areas people rely more on superstitious practice keeping allopathic as last resort. But there are also many diseases which they believed to be cure without allopathic medicine. Women in Barak Valley are more concerned about their duties not about their rights. Health is not an object of their life rather a means to live for the family. It is seen that women, irrespective of their education and occupation are not in a position to take care of their health. The present study is not a condition of Barak valley only; it is a replica of all Indian scenarios. Health is wealth. A human being's life exists in health. But the patriarchal mindset is internalized and imbibed by the women in such a way that they are engrossed under the belief of patriarchal authority. Women subjugation is considered as norms. Even the educated women who may head any organization are not able to lead the family.

RECOMMENDATIONS

Thus, following action might possibly be improve the situation,

(i) Women are to make conscious about the importance of their health.

(ii)They should be given education and economic liberty so as to enable them in decision making.

(iii) As healers are most unswerving in disease and sickness, formal health care providers may consider imparting training to healers. Health related training will enhance the knowledge of healers who in turn will be reproducing same while giving treatment.

(iv) Documentation of traditional knowledge in health and medicine is urgently required. A legal and policy issues involving protection of traditional knowledge is also needs to be examined.

(v) Periodical evaluation on health and health care activities are essential. Both government and non government organization can take initiative to conduct annual or biannual survey regarding people's health and health care activities that help to assess the scenario as well to take further steps for improvement.

(vi)There is an urgent need of social marketing where the cost of treatment would be affordable for economically down trodden.

NOTES

1 Cultural influence on medical beliefs and practices is seen among the Spanish Americans in South Western United States (Crockerham - 1994).

2 Suchman has pointed out that parochial persons are bounded by close personal and ethnic ties and kinship groups are less knowledgeable and reluctant to seek professional health care (Suchman 1964).

3 Macim Marriot has given an account of of the practice of medicine in Northern India in which sick individual after applying their knowledge of herbs,drugs and magical incantations, resort to their immediate family member or kinsfolk for advice and comfort.(Marriot 1995).

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