

SOCIO-CULTURAL DETERMINANTS OF HEALTH BEHAVIORS:  
A STUDY OF VILLAGE MOHRA FATIMA



IKHLAQ AHMAD

DEPARTMENT OF ANTHROPOLOGY  
QUAID-I-AZAM UNIVERSITY  
ISLAMABAD  
2012

Quaid-i-Azam University, Islamabad  
(Department of Anthropology)

Final Approval of Thesis

This is to certify that we have read the thesis submitted by Mr. Ikhtlaq Ahmad. It is our judgment that this thesis is of sufficient standard to warrant its acceptance by the Quaid-i-Azam University, Islamabad for the award of the Degree of "Master of Philosophy in Anthropology".

Committee:

1. Prof. Dr. Naveed-i-Rahat  
Supervisor

Naveed-i-Rahat

2. Prof. Dr. Sarah Safdar  
External Examiner

S. Safdar

3. Dr. Waheed Chaudhry  
Incharge  
Department of Anthropology

Waheed Chaudhry

## **ACKNOWLEDGEMENTS**

I express my deepest sense of gratitude to Almighty Allah whose blessings cannot be even counted. He is the most compassionate and merciful, who knows what was there in the universe, what is and what will be. He had enabled me to elucidate a drop from existing knowledge. Millions of blessings and mercies of Allah are upon Holy Prophet (Peace Be upon Him), the city of knowledge who guided the humanity from darkness of ignorance to the light of awareness.

I feel it my great pleasure to place in record my sincere gratitude to my worthy supervisor under whose great supervision, impetus guidance, valuable and expert suggestion this work was completed. She is not only my supervisor for this dissertation but my real teacher who teaches me what knowledge is and what human is.

My heartiest appreciation and thanks are due to my all Teachers who helped me throughout the course work and academic career.

My parents who always encouraged and prayed for my success. I am thankful to Dr Siham Sikander for his wonderful support throughout my higher studies. I am also thankful to my class fellows and friends for their cooperation and moral support in completion of my thesis. I extend my thanks to Ms Nazia Parveen, Ms Tayyba Nawaz and Mr Zaheer Abbas for their cooperation.

I would like to extend my special thanks to Dr Tariq Mehmood who hosted me in the community, Mr Akhlaq Hussain and Ms Raheela the key informants who provides me wonderful details about the community, and the most important contributors for my thesis, my respondents in the field.

thesis, my respondents in the field.

I also thankful to all the staff members in the department of Anthropology, Quaid-i-Azam University, especially Mr. Sajjad Haider (field supervisor), for their cooperation.

Ikhlaq Ahmad

DEDICATED TO MY

SIR JEE

(The word I ever used for my every teacher)

## Table of Contents

Acknowledgment.....	i
Table of Contents.....	iv
List of Tables and Figures.....	vii
List of Maps.....	vii
<b>CHAPTER-1</b>	
<b>INTRODUCTION.....</b>	<b>1</b>
1.1 The Problem .....	1
1.2 Statement of the Problem .....	1
1.3 Literature Reviewed .....	3
1.4 Objectives.....	16
1.5 Research Methodology.....	16
1.5.1 Rapport Building and Field Experiences .....	16
1.5.2 Participant Observation.....	17
1.5.3 Key Informant .....	18
1.5.4 Socio-Economic and Census Survey.....	18
1.5.5 Case study .....	19
1.5.6 Mapping .....	19
1.5.7 Ethical Considerations .....	19
1.6 Sample and Analysis.....	20
1.7 In-Depth Interviews .....	20
1.8 Informal Group Discussions and Free Listening.....	21
<b>Chapter- 2</b>	
<b>THE SETTING .....</b>	<b>22</b>
2.1 Location .....	22
2.1.2 Climate .....	22
2.2 Settlement History.....	26
2.2.1 Mohra .....	27
2.2.2 Misterian Ni Dhole.....	30

2.2.3 Kashmirain ni Dhoke .....	31
2.3.3 Household Assets .....	32
2.4 The People.....	32
2.4.1 Social Groups (Qaum).....	34
2.4.1 Marriages.....	37
2.4.2 Language.....	39
2.4.3 Religion.....	39
2.4.4 Cultural and Traditional Festivals.....	41
2.9 Dress.....	42
2.4.5 Food and Health .....	43
2.4.6 Education.....	43
2.5 Economic Scene of Mohra Fatima .....	45
2.5.1 Skills Attainment and Occupation.....	46
2.5.2 Agriculture .....	48
2.5.3 Jobs and Self Employment .....	49
2.6 Health Facilities .....	50
2.6.1 Basic Health Unit (BHU) .....	51
2.6.2 Rural Health Centre (RHC).....	51
2.6.3 Local Quack / Hakeem.....	52
<b>Chapter 3</b>	
<b>LOCAL PERCEPTION OF HEALTH AND ILLNESS .....</b>	<b>53</b>
3.1 Concept of Health .....	53
3.2 Concept of Illness.....	56
3.2.1 Recognition and Interpretation of Symptoms .....	56
3.3 Illness Causation .....	57
3.3.1 Individual is Responsible for Illness. ....	60
3.3.2 The Natural World .....	66
3.3.3 The Social World .....	68
3.3.4 The Supernatural World .....	72
3.4 Sources of Prevention Practiced in the Community.....	73
3.4.1 Relationship of Physical Activity, Food and Health.....	74
3.4.2 Religious rituals .....	75

**Chapter-4**

**REMAINING HEALTHY: SOCIO-CULTURAL FACTORS..... 76**

4.1 Preventive Behaviours ..... 81

    4.1.1 Common preventions for infants..... 82

    4.1.2 Folk illness of infants and there prevention ..... 83

4.2 Preventive Behaviours of Elders..... 83

    4.2.1 Food as Prevention..... 86

    4.2.2 Life Style..... 84

    4.2.3 Religious Rituals (prayers)..... 85

4.3 Illness Behaviours ..... 86

    4.3.1 Home Remedies ..... 86

    4.3.2 Self Medication ..... 88

    4.3.3 Rituals ..... 88

    4.3.4 Religious Therapies and Visit of Shrines ..... 89

4.4 Interpersonal Referrals ..... 90

4.5 Hot and Cold Foods ..... 91

4.6 Health Services and Access to Health Services ..... 92

4.7 Folk Health Services ..... 92

4.8 Professional Sector of Health..... 94

    4.8.1 Local Health Facilities. .... 94

    4.8.2 Private Doctors..... 95

    4.8.3 Combined Milerty hospital (CMH) \ Fouji Foundation Hospital..... 95

4.9 Factors Influencing Health Behaviours..... 95

    4.9.1 Intrapersonal Level Factors..... 96

    4.9.2 Interpersonal Level Factors..... 97

4.3 Available Therapeutic Options..... 102

    4.3.1 Access to Healthcare Facilities ..... 102

    4.3.2 Attitude of Health Professionals ..... 102

    4.3.3 Perceptions of Cost and Benefits ..... 103

**Chapter-5**

**SUMMARY AND CONCLUSIONS ..... 104**

**Glossary.....109**



References ..... 113

List of Tables and Figures

Table # 2.1. Households of Mohra Fatima.....34

Table # 2.2. Distribution of the Population by Age.....35

Table # 2.3. Marital Status.....38

Table # 2.4. Educational levels of People of Mohra Fatima.....45

Table # 2.5. Distribution of the Land.....49

Table # 3.1. Indicators of Health and Illness.....54

Table # 3.2. Illness and Concepts of Causation.....58

Table # 4.1. List of Preventive and Illness Behaviours.....77

Table # 4.2. Common Home Remedies.....87

Table # 4.3. Classification of Common Hot and Cold foods.....92

Figure 1. Layout of village Mohra Fatima and its Surroundings.....28

List of Maps

Map 1. Pakistan.....23

Map 2. The Province of Punjab.....24

Map 3. District Rawalpindi and Tehsil Gujar khan.....25

## CHAPTER-1

### INTRODUCTION

#### **1.1 The Problem**

This thesis is based on the field study conducted to investigate the Socio-Cultural determinants of health behaviours in Mohra Fatima a Potohari village.

#### **1.2 Statement of the Problem**

Throughout human history, issues of health, illness, and the treatment options have been directly interwoven with social, cultural, and political life of societies. Health is not merely the biomedical phenomenon; rather it has also social and cultural dimensions. In all societies people behave and get engage in certain measures to protect and maintain their health which vary from society to society. The variations can be due to ecological conditions, social and cultural beliefs and practices pertaining to the maintenance of health and recognizing, perceiving, and interpreting the symptoms of illness and sickness and the causation and treatment of a particular illness. Human beings are products of their particular cultures and their behavioral patterns can be comprehended in their cultural context. Since cultures of the world vary therefore understanding of perception of health, illness, sickness, and ways to deal with such issues have to be cultural specific as well. This very reason draw the attention of researchers and professionals of health to use anthropological approach to understand health related behaviours i.e., how do people define health, and perceive meanings of illness because there concepts are embedded in the cultural fabric of particular societies.

To protect and maintain health is natural. For centuries man has devised and used strategies to avoid and cure illness. All these survival strategies are the products of cultural, social and material context. In other words all these behaviours originated in the process of evolution through the course of life, man learn, shared his experiences with his contemporaries generations and transmitted to subsequent generations. There is an ample amount of literature available on health behaviours, many interventions were devised to alter the unhealthy behaviours which are not linked only with economy and infrastructure, but lie in

the complex cultural system. To fully understand the manifestation of such behaviours necessitated wholistic investigations of societies.

Beliefs and the concept of the causation of illness are important for any health related investigation. These etiologies not only govern and shape the ways of dealing with illness and misfortune, but also tells us about the context of the culture under investigation. It is also important to know how these concepts originated and how cultural and social environment enforced such beliefs. Cultural beliefs tell an individual how to respond to a symptom or health threat. As Nyamongo (2002) said “Cultural beliefs and practices often led to self-care or home remedies in rural areas and consultation with traditional or alternative medicines healers”. A great majority of our population lives in rural areas, despite the great advancement in the western medicine, traditional health practices are still predominant in most of the rural and tribal areas of Pakistan. According to Baber (2005:49) “Alternative therapies have been utilized by people in Pakistan who have faith in spiritual healers, clergymen, *hakeems*, homeopaths or even many quacks. These are the first choice for problems such as infertility, epilepsy, psychosomatic troubles, depression and many other ailments”. These health practices and beliefs are being followed by the people for the centuries. Illness is a cultural construct rather a biological phenomenon, how people experience any discomfort and what meaning they assign to their problems. The problem under discussion is of health system which has two interrelated aspects, a cultural aspect, the basic concepts and beliefs, theories, normative practices and perception. The other aspect is social which includes organization, availability and affordability of services and the health care providers, social networks like various social groups of kinship, economic and political factors.

The main focus of the research is to understand what are the beliefs and perception about illness and its causation and how socio cultural factors influence the health behaviours of the community of Mohra Fatima. What options of prevention and cure offered by three overlapping health care system in the area i.e., popular, folk and professional. How these three diverse health care systems exists in combination and present there set of explanations about causation of illness, its prevention and cure. How people employ these alternatives to cure and maintain health and what are the factor influence the choices of people. Helman

said, “cultural background has an important influence on many aspects of people’s lives, including their beliefs, behaviours, perceptions, emotion, language, religion, rituals, family structure, diet, dress, body image, concepts of space and of time and attitudes to illness, pain and other forms of misfortune- all of which may have important implication for health and health care.” (Helman 2007:3).

An anthropological approach was used to investigate the issue. To study the social and cultural context and its influence on the lives of individuals different anthropological techniques were employed, such as in-depth interviews, informal discussions with key informants and during public discussions, care full observations and case study method. Basic beliefs, health, religion, rituals, family structure and social structure and there relation to health and health related behaviours is documented. Such type of detailed description was pivotal to introduce more culturally appropriate interventions to promote healthy behaviours. Anja et al. (2001:121) said “anthropological approach has much to offer as basis for sound interventions for understanding behaviours.”

### **1.3 Literature Reviewed**

This issue falls in the domine of medical anthropology which deals with the issues related to health and illness. Singer & Bear (2007:9) said, “As a social science, medical anthropology not only addresses specific health issues but also seeks to build a broad, theoretically based understanding of what health is how culture and health interact, the role of social relation in shaping disease.” Foundations of social, cultural, biological, and linguistic anthropology helps to gives better understanding to those factors which influence health. How individual experience and what are the patterns of distribution for any illness, the prevention and treatment of illness, healing processes, and the cultural importance and utilization of pluralistic medical systems. Medical anthropology draws upon many diverse theoretical approaches. Medical anthropologists study how the health of individuals, larger social structures, and the environment are affected by social networks, cultural norms and social institutions, politics, and forces of globalization as each of these influence local worlds. As Ember & Ember said,

Carol R. Ember, Melvin Ember (2004:4) “While paradigms from all four fields of anthropology inform the work of medical anthropologists today, the

roots of “medical anthropology” extend back in basically two directions, reflecting two kinds of anthropological orientations. If we looked back about 100 years, which is about as long as anthropology has established in an organized fashion within the United states, then we would see a group of biological or physical anthropologists studying human growth and development, evolution and adaptation, and forensic issues. Secondly, we would see a group of social or cultural anthropologists interested in traditional or local healing practices (often linked with religion and magic). If we looked back about 70 years, the social-cultural group would also contain anthropologists interested in psychological issues related to cultural norms.”

Medical anthropology is not a very old discipline, it evolved in the last 100 years. Returning to the origin of medical anthropology, Singer & Bear (2007:13) cited Otto Von “contends that the emergence of the field dates to the late 1800’s when Rudolf Virchow, a renowned pathologist who is often regarded the father of social medicine because of his interest in the ways in which the distribution of wealth and power in society, helped established the first anthropological professional society in Berlin.” In the last century medical anthropologists played a crucial role in development and betterment of public health. An anthropological account gives the understanding of health related issues, especially health related behaviours.

“With the end of World War II, medical anthropology (still at that time unnamed specialization) received impetus and support from foundation- and government funded applied work in the arena of international public health. The data collected by anthropologists in earlier times for non-medical purposes proved invaluable; anthropologists helped ensure that social and cultural aspects of health and healing were taken into account in ways that promoted international health program success” (Foster & Anderson, 1978:07-8).

Anthropologists contributed in promoting international health by providing useful insight to social and cultural factors related to health and illness as to how people perceive and experience sickness and how they understood the sufferings.



“Medical anthropologists are engaged in using expanding way of anthropology’s core concepts in an effort to understand what sickness is; how it is understood and directly experienced and acted on by sufferers, their social networks, and healers; and compassing social and cultural system and context.”(Singer & Bear 2007:11)

For the promotion of public health, it is pivotal to fully understand the etiologies in any given cultural context. The starting point of medical anthropology is the investigation of what people believe about the causation of illness, as Merrill Singer & Hans Baer (2007:1) said,

“Starting premises of medical anthropology is that health related issues, including disease and treatment, are far more than narrow biological phenomenon. How we get, why we get sick, and what sickness means to us, are heavily determined by cultural and social factors as well. The same can be said about what makes us get better and how diseases are understood and handled by health care providers.”

These concepts of health and illness are different in different societies. Every culture has its own explanations of illness and health and its own etiologies and definitions. Illness is associated with the abnormality of human body and mind or its functionality. As Ember & Ember (2004:550) quoted Green & Ottoson and Chino & vollweiller,

“Illness is defined as sickness of body or mind; disease is defined as a harmful departure from the normal state of a person or other organism (Green & Ottoson, 1994:697). Illnesses are classified as either naturalistic or personalistic (snow, 1974). Naturalistic agents identify what caused an illness, whereas personalistic agents recognize who caused the illness (Chino & vollweiller, 1986)”.

In any health care systems the concepts of causation of illness are classified into two major categories; naturalistic and personalistic. In naturalistic explanations illness is caused by the mal functioning of any organ of the body, imbalance of hot and cold or an injury. On the

other hand the personalistic explanations identify the sensate agents that caused illness. E. J. Bailey (2000:7) quoted Willin (1977:48) as,

“Since the 1920’s three major empirical generalization have emerged as underlying themes from all the theories; Disease in some form is a universal fact of life; it occurs in all known times, places and societies. Second, all known human groups develop methods and allocate roles, congruent with their resources and structures, for coping with, or responding to disease and all known human groups develop some set of beliefs, cognitions, perceptions, consistent with their cultural matrices, for defining or recognizing disease.”

The basic beliefs of causation led to certain health behaviours. These behaviours are defined by Pamala and Laresen (2009:27) as “Health behavior is any activity undertaken by a person believing himself to be healthy, for the purpose of preventing disease or detecting it in an asymptomatic stage”. These behaviours can be tangible or intangible as Kasl & Cob, (1966:24) said,

“Illness behaviours are not necessarily objective measures of illness that reflect organic conditions (i.e., physical examination), they also include subjective assessment that result in symptom recognition, symptom reporting and health care seeking research, an illness behaviours focuses on how these subjective assessments led individual to behave or engage in certain health related activities.”

Illness behaviours are not merely the output of personal beliefs but the socio cultural factors are also important which mediate these behaviours. This leads to what actions are thought of as more appropriate when any symptom is recognized or someone is labeled as ill. These behavior are also influenced by socialization, family, social networks and personal experiences. Pamala & Larsen (2009) said,

“One’s learning, socialization and past experiences, as defined by their social and cultural background, mediate illness behaviours. Past experiences of observing one’s parents being stoic, going to work when they were ill, avoiding medical help, all influences their children’s future responses if

children see that hard work and not giving in to illness pay off with rewards, they will assimilate those experiences and mirror them in their own lives.”

Family and the people around played an important role in shaping a person's life style. The relationships and their importance in one's life has a great influence on health behaviours and self care. Economy and income pattern greatly determine what is done when a person feels discomfort or is recognized with any symptoms of disease. In most of the societies people have different ways of helping themselves in the phase of suffering or discomfort. Choice of any strategy to cure or maintain health depends on a number of factors. According to Nichter (2002) “one is aimed at securing good medicine at a reasonable cost; the other is characterized by the seeking of a practitioner who has the ‘power of the hands’ to heal a particular patient.” Cost is one of important factor to choose among available alternatives and beliefs about the curers and their abilities to cure is the other important aspect. Helman (2007:81) states,

“the larger and more complex the society in which the person is living, the more of these therapeutic options are likely to be available, provided that the individual can afford to pay for them.”

In any society available therapeutic alternatives are characterized under three overlapping health systems; popular, folk and professional sector. In the contemporary world almost in every society these three overlapping systems co-exist. All three offer their own set of explanation about ill health and curative strategies.

Kleinman (1980:49) has suggested that, “in looking at any complex society, one can identify three overlapping and interconnected sectors of health care; the popular sector, the folk sector and the professional sector. Each has its own ways of explaining and treating ill health, defining who the healer is and who is the patient, and specifying how healer and patient should interact in their therapeutic encounter.”

As quoted above that every health care sector has its own explanation and mode of treatment to cure ill health. These systems shape the ways in which people recognize and interpret the symptoms and are acted upon. These systems evolved with the course of time and have some



logic behind them. "Asian medical practices, recognized as logically integrated systems, were grounded in the specificity of local practices, historically situated, and dynamically evolving (Nichter 2002)." Health systems have two aspects that are cultural and social, and both needs to be considered for any empirical investigation to understand concept of health and health related behaviours. Helman (2007:81) stated that

"Any society's health care system cannot be studied in isolation from other aspects of that society, especially its social, religious, political and economic organization. It is interwoven with these, and based on the same assumptions, values and view of the world."

Context is very important for any anthropological investigation. Medical anthropologist closely looked into the subject using the holistic approach. As Merrill Singer & Hans Baer (2007:8) said,

"Medical anthropologists, employing anthropology's traditional immersion methods for studying human life as close and in context, as well as the discipline's holistic picture of human situation disciplinary concern with understanding things from the insider's point of view and flow of experience, and an applied orientation to human problems."

Health care systems are part of the social and cultural background of the society. Socio political and religious factors influence the understanding of treatment and sickness and etiologies. Geest & Whyte (1998:10) said that,

"Situation of medical pluralism raised the issue of cultural difference in understanding and treatment of sickness. It brought us to consider conceptions of etiology, notions of therapy, interactions between patients and healers and the ways in which one set of medical institutions and traditions influence another. People understand the one in relation to other- whether they emphasize similarities or contrasts. What is best to cure acute disorders and what is suitable for chronic illness."

Social, religious, political and economic factors influence the health systems. In different socio-cultural settings more than one health sector is available to heal sufferings and pain. Popular, folk and professional sectors exist in almost all the contemporary societies. In western culture professional sector is predominant and in traditional communities popular remedies are used or a traditional curers or healer is consulted. These entire sectors gave their own explanations of ill health and own modes of treatment. Concept about health problems under popular sector or folk sector is different from the etiologies of professional sector. If it is perceived that hot and cold or evil eye can cause ill health the remedies to cure it would be a ritual to avoid evil eye and balancing hot and cold. These concepts have made and shaped health related behaviours in a given cultural context and how a health problem is perceived and how a curer diagnoses and treats it. As we have seen above other than this poverty, individual personality and occupation is also linked in shaping health behaviours.

“There are many behaviours which can have a positive or negative impact on health. Diet, exercise, drinking, smoking, use of illegal drugs are examples which have been the subject of numerous investigations. These behaviours are often characterized as being the result of individual choice and personal responsibility even though it is more useful to see them as the product of social circumstances. Evidence that they are linked to social context is to be found in showing that behaviours likely to promote health are less common in groups subject to poverty and social deprivation while behaviours likely to damage health are more common. For example, the percent of smoking among both men and women is inversely related to occupational class and education.” (Graham scambler, 2008:30)

There are many factor involved in forming our etiologies and health related behavior in a given socio-cultural and environmental context. It is a complex process in which personal or individual, educational and socio-economic factor contributes simultaneously. For any empirical investigation to unfold health related behavior of any community, these factors need to be explored. Helman (2007:4) stated that,

“However, the culture into which you are born, or in which you live, is never the only such influence. It is only one of a number of influences on health related beliefs and behaviours, which include: Individual factors (such as age, gender, size, appearance, personality, intelligence, experience, physical state and emotional state). Second are educational factors (both formal and informal and including education into religious, ethnic or professional subculture). Third are socio-economic factors (such as poverty, social class, economic status, occupation or unemployment, discrimination or racism, as well as the networks of social support from other people). Fourth is environmental factors (such as the weather, population density or pollution of the habitat, but also including the types of infrastructure available, such as housing, roads, bridges, public transport and health facilities).”

Socio-economic and socio-cultural environment is very important in studying health related behaviours. In order to improve the positive health outcomes it is very important to study health behaviours. According to the available literature the major causes of mortality thorough out the world are related to behavioral factors. To avoid these preventable causes, it is pivotal to study health related behaviours in their cultural context.

“McGinnis and Foege (1993) stated that behavioral factors play a role in each twelve leading causes of death, like chronic diseases such as cardiovascular diseases and stroke, the main reason of mortality in the United States (US). The most common behavioral contributors to death, in 1990 was alcohol, tobacco, firearms, and road accidents. Food and activities of daily life, sexual behavior, drugs are the behaviours thought to contribute to almost half of the death in US.”

It has been observed that social networks at micro level and neighborhood environment at macro level influence health behaviours. The choice of treatment in the phase of illness depends a lot upon the social and cultural environment of the society and the quality of service offered. Hassed concludes that the reasons of so many Australians seeking help from alternative medicine as:

“That one of the reasons so many Australians seek out alternative and complementary medicine is because of the holistic philosophy which guides their work. Conversely, it is also the reason why many Australians are becoming less enthusiastic about western or conventional medicine. They see it as non-holistic in nature (Hassed, 2004).

In alternative medicines health is treated as a whole and the practitioners emphasize on the social, emotional and physical wellbeing. This is the reason why people prefer alternative treatments such as those offered by homeopathy, unini tibb, spiritual healers and bone setters.

“ The use of herbal medicine can be traced back to 2100 bc in ancient China at the time of Xia dynasty, and in India during the Vedic period. The first written reports are timed to 600 bc with Charaka samhita of India, and in China the same became systematic by 400 bc.<sup>1</sup> The basic concept in these medicinal systems is that the disease is a manifestation of a general imbalance of the dichotomous energies that govern life as a whole and human life in particular, and they focus on medicine that can balance these energies and maintain good health. In Ayurvedha of India, the forces are said to be *agni* (strength, health and innovation) and *ama* (weakness, disease and intoxication). In India there are also other systems of traditional medicine besides Ayurvedha and these are called Siddha, which originated almost at the same time as Ayurvedha from southern India, and Unani, which entered India during the Mogul dynasty periods. Like Ayurvedha, practitioners of Siddha medicine believe in a perfect balance of three *doshas* known as *vatha* (space and air elements), *pitta* (fire and water elements) and *kapha* (water and earth elements). All these Indian systems of medicine have primarily claimed a curative potential for their medicinal preparations for all kinds of liver diseases.”( Thyagrajan 2002).

Economic disparity is a factor which influences the health of people and their health related behaviours but economy is not the sole factor which is merely determining these behaviours. If a patient who does not have economic resources for surgery and also has a belief that his ill

health is due to magic or evil eye, his behavior not to seek western medical cure is not due to insufficient economic resources but due to his belief system. The people around have great influence on health behaviours of individual in any society. The interpersonal interactions not only shape the concepts and beliefs about ill health but also determine the selection of preventive and curative measures. It is important to consider the whole cultural fabric while investigating the behavior of individuals.

“Culture affects health behaviours in many ways: Conceptualizing health maladies (disease, illness, and sickness) and their significance. Affecting the distribution of causes of disease and illness. Creating risk behaviours and disease exposure. Informing symptom recognition and care seeking behavior. Creating health providers’ and their institution’ responses to health care needs. Shaping utilization of the popular, folk and professional sectors of health care. Producing social, economic, and political impacts on health and health care. Creating emotional and psychodynamic influences on health and well-being. Providing psychodynamic, symbolic, and social mechanisms of healing relationships” (Winkelman, 2009:5).

Culture is the guide map of beliefs, behaviours, etiologies of the disease and concepts related to sickness and illness. The presentation of symptoms of ill health and emotions all are shaped by the culture in which one is living. Other than these cultural factor, socio-economic and bio-cultural factor are also important. Cassel had studied in Samoan community and pointed out the importance of cultural concepts of Samoans for the successful interventions to improve health.

“Cassel (2010) identified the relevant contributions and interaction of political, socioeconomic, cultural and biological factors toward the increasing rates of obesity in Samoans. The constructs of the Social-Ecological Model of Health, which posit that there are multiple levels of influence on individual health behaviours, are used as a conceptual framework to synthesize the



current research investigating obesity and chronic diseases in Samoan populations. Analysis of the current research revealed a convergence of factors, including the effects of recent political and socioeconomic changes in Samoan jurisdictions, combined with specific Samoan cultural and biological dynamics, which have contributed to the current trends toward poor health in Samoans. Interventions designed to address obesity in Samoans must be able to modify multiple determinants of personal health, with particular emphasis on the appropriate use of Samoan cultural concepts.”

In addition to social support, health care system, health policies and socio-economic status, health behaviours are also shaped by the cultural definition of good health and beauty. Evidence from different socio-cultural settings suggested that perceived health crisis triggers health seeking behaviours.

It is culture that defines the concepts and beliefs of people and the ways to deal with illness and misfortune and how symptoms are recognized and interpreted. Therefore, all the actions taken by an individual, from recognition of an illness to healing the discomfort, depend on one's cultural concept. All these subsequent curing strategies are defined by culture as Singer & Baer (2007:22) quoted Christakis et al.

“(Christakis et al. 1994) one way in which cultural factors come into play in this regard is “illness behavior,” a term that refers to “monitoring the body, recognizing and interpreting symptoms, and taking remedial action to rectify the perceived abnormality” as well as “adherence to therapeutic advice, changes in treatment regimens (e.g., switching healers), and evaluation (and reevaluation over time) of therapeutic efficacy and outcome”.

The preventive and curative behaviours of an individual in any society are the outcome of multiple factors at different levels such as biological and organizational triggers.

“David Mechanic, a pioneer in the study of illness behavior, best summarizes the current perspective on illness behavior: “Illness behaviours arise from complex causes, including biological predispositions, the nature of

symptomatology, learned patterns of response, attributional predispositions, situational influences, and the organization and incentives characteristic of the health care system that affect access, responsiveness and the availability of secondary benefits" (Mechanic, 1995)."

Not only the illness behaviours are governed by the cultural factors, but all preventive strategies are also defined by the socio-cultural environment of the society.

"Holroyd *et al.*, (2005) studied how individual health behaviours embedded in cultural patterns of exchange. Study sought to identify Chinese women's cultural beliefs and behaviours related "doing the month" and suggest how these are modified in the light of contemporary realities and experiences within the context of rapid social change. The analysis highlighted a range of issues for these predominately middle class women which included special postpartum dietary beliefs and behaviours including the avoidance of hot and cold food, the restorative powers of food, wind and water prohibitions, food proscriptions and prohibitions during breast feeding, the cultural imperative of timing and contemporary autonomy of women versus conforming to female centered kinship obligations."

In cultural factors religions has a very significant role as it is religion which gives the meaning to one's norms and values. Religion has a central part in shaping etiologies and tells individual how supernatural powers play a role in illness and curing.

"Homan and Boyatzis (2010) explore the relationship between older adults' religiosity, sense of meaning in life, and health behavior. The purpose of this study was to explore the relationship between older adults' religiosity, sense of meaning in life, and health behavior. Three dimensions of religiosity were assessed: religious orientation (intrinsic and extrinsic), sanctification of the body, and relationship with God. Five health behaviours were measured: smoking, exercise, taking responsibility for one's own health, nutritious eating, and stress management. In general, stronger religiosity and sense of meaning were associated with healthier behaviours; however, extrinsic

religious orientation was associated with decreased rates of healthy behavior. In regression analyses that controlled for service attendance, sex, age, and education, sense of meaning in life was the construct most consistently related to health behavior. Results support a model in which religion and sense of meaning affect health by motivating certain behaviours that are then tied directly to overall physical health.”

Religion is always important in any part of the world. As literature says religiosity is one of the main driving forces in shaping behaviours of individuals in any cultural context. Religion is a part of culture, but the orientation of religion varies from individual to individual. Persons with more religiosity exhibit healthier behaviours as compared to people who were not as much religious. Oman and Thorensen discussed how religion plays a role and influences health related behaviours. They stated:

“This, in turn, emphasizes the fact that there are multiple interpretations of how spirituality/religion influences health and a number of pathways through which this happens. Four most prominent such pathways have been proposed: health behaviours (through prescribing a certain diet and/or discouraging the abuse of alcoholic beverages, smoking, etc., religion can protect and promote a healthy lifestyle), social support (people can experience social contact with co-religionists and have a web of social relations that can help and protect whenever the case), psychological states (religious people can experience a better mental health, more positive psychological states, more optimism and faith, which in turn can lead to a better physical state due to less stress) and ‘psi’ influences (supernatural laws that govern ‘energies’ not currently comprehended by science but possibly understandable at some point by science). Because spirituality/religion influence health through these pathways, they act in an indirect way on health (Oman & Thorensen, 2002:365).”



#### **1.4 Objectives**

1. To study the beliefs and concepts of health and illness.
2. To document illness, preventive and curative behaviours of the people of Mohra Fatima.
3. To ascertain the influence of socio-cultural factors in shaping and determining health behaviours.

#### **1.5 Research Methodology**

For the current research both qualitative and quantitative techniques were employed to obtain the required information. Helman (2007:456) said, "Particularly the role of health beliefs and behaviours – requires a more holistic and multidimensional approach. The researchers have to be sure that they have understood, as far as this is possible, all aspects of the situation being studied. To achieve this, researchers should ideally aim to examine, and then to integrate, four different types or levels of data, each one collected and analysed in a very different way. The four levels of data are; what people say they believe, think or do. What people actually do. What people really think or believe and the context of the above three points." In order to get an in-depth understanding of the phenomena under investigation, qualitative methods were used in the field. However socio-demographic data thus obtained helped in setting the context. Details were collected through structured socio-economic census form. The socio-demographic data helped in setting the context. Following techniques and steps were carried out to achieve the goal of field work.

##### **1.5.1 Rapport Building and Field Experiences**

In doing community based research, first and the most important step is to introduce yourself to the community to which you are going to study. The quality of the data as a direct correlation with the quality of your rapport in the field. How people see you and trust on you as an outsider, a good level of acquaintance and trust, sets the foundations of a reliable study. For the current study this researcher was well aware of the importance of rapport and conscious efforts were made to build an informal relationship with the community members. Before the actual start of data collection a few cooperative individuals were identified and

approached which greatly facilitated the smooth conduct of the field work. Doctor Tariq Mehmood was among these very supportive community members, who were very helpful for the researcher to win the trust of the people of village. He is a medical officer in a Basic Health Unit (BHU) and also runs a free charity clinic just outside the village at a walking distance from Mohra Fatima. He is also a resident of the village and is well respected which made things easier for researcher. Another helpful individual is Raja Ikhlāq Hussain who is retired government servant. He holds a master degree in political science, but unfortunately due to an inherited problem, lost his eye sight at the age of forty. He proved to be a very rich mine of information about the village and its inhabitants, as he personally knows every individual in the village. Throughout the duration of the field work Raja Ikhlāq Hussain was found very supportive and helpful.

In general people were very open and welcoming. The people of the village have two main meeting places, one being outside the shop of *Hawaladar Younus* (retired army personnel) and the other is the Haveli of Col. Raja Lal Hussain. The Haveli was mainly popular with the young boys of the village who gathered there to play volley ball and cricket in the evenings and to watch TV in the morning. A satellite dish TV connection was installed there. I often visited both places and had informal discussion on current affairs, cricket matches etc. since I come from an agricultural background I have a good knowledge about agriculture and live stock which helped me to get closer to the local people. The most facilitating factor for me in the field was the language, as I also have same mother tongue. I always adhered to the local dress code and local dialect. Thus within a week I was very much familiar in the village and people started to discuss their personal problems with me.

### **1.5.2 Participant Observation**

Observation was very important; it was always helpful to observe the people during informal discussions, during work, at ceremonies and at the free clinic. It was observed that the responses in interviews and the actual health related behaviours were a bit different. For example the majority reported as smoking being harmful for health, but it was observed that they felt no hesitation while smoking or showed no sign of any concern about the apparent contradiction in their words and actions.

### **1.5.3 Key Informant**

For the current study, two main individuals served as the key informants during the entire field work. They were not only helpful for the initial introduction but also during socio economic survey and interview helped a lot. One was a local doctor named Tariq Mehmood, who was employed in a Basic Health Unit (BHU) by health department and he also runs his charity clinic, where in the evenings he attends patients without any fee. He has been running this charity clinic for number of years and has specialization in treating psychological and mental dioredes. He is not only very good clinician but also very much knowledge able about community. He knows about the people and their behaviours as he is treating these people for more than two decades and he extended generous support for the researcher. He lived in the main part of the village Mohra Fatima. During study researcher stayed at his place most of the times. His family very generously offered food and tea during research. Dr Tariq has recently done his M.Phil in Rural Development.

The other person who played an important role during the research was Raja Ikhlaiq Hussain, who was retired from government service. He is very educated and learned person having master degree in two subjects; political science and geography. Unfortunately due to a recessive genetic disorder he lost his sight. Few years back he had TB (Tuberculosis) but recovered after complete treatment. Due to his visual handicap he stayed at home all the time, he used to sit at a local shop where most of the villagers come in their free time. They had a routine or reading news paper and had a discussion on day to day news and politics of the country and general affairs of the village. He had interest for anthropology, so he warmly welcomed the researcher and accompanied him during field work. He was also helpful to coordinate in-depth interviews as he knows every individual of the community.

### **1.5.4 Socio-Economic and Census Survey**

Socio-economic and census survey was conducted to accumulate the base line data regarding the socio-demographic composition of community. This survey provides a detailed quantitative information about the socio economic conditions of the villagers. Socio economic census form was comprised of a detailed set of questioners.

Through that survey researcher not only collected the demographic and socio economic information of the community, but found it very helpful to interact with the local people and get an understanding about the local culture and norms. Information collected through socio economic census survey was manually analyzed through frequency distributions.

#### **1.5.5 Case study**

A case study is a detailed representation of ethnographic data to some sequence of events which a researcher selects in order to draw some theoretical conclusions. Three case studies were recorded to build a case as to how socio-cultural factors influence the behaviours. These stories elaborate how people perceive health and illness, its causations and how social networks and family influence the beliefs and behaviours.

#### **1.5.6 Mapping**

With the help of key informant a detailed sketch of the village was drawn to understand about the location and distribution of the helmets and household in the village. Sketch shows the geography and territorial boundaries of the village. The village is surrounded by agricultural fields having three main dust tracks leading to the village. The village is comprised of three main hamlets; Mohra, Kashmirian ni dhoke and Mistrian ni dhoke, all at a walking distance to each other. Satellite images were also downloaded from Google earth for the original image of Locale.

#### **1.5.7 Ethical Considerations**

Before actual conduct of the field work, all the question of community members regarding research was answered. They were explained about the objectives and all aspect of data handling and confidentiality. They were explained that they would not have any direct benefit from this study. Free consent was sought from all respondents before the conduct of actual interviews.

### **1.6 Sample and Analysis**

For the current study purposive sampling technique was used. To make sure the representation of all castes and socio-economic classes a sample of forty was further subdivided into five segments. For in-depth interviews 18 household from Minhas Rajputs, 9 each from Mistree's and Kashmiries\* and 2 household from both Nai and Mussali qoum were purposively selected. Socio economic census was carried out in all 176 household of the village.

A systematic approach was adopted for the analysis for data collected during field work. Quantitative data collected through Socio-economic form was manually tabulated and frequency distributions are used to construct the context of the study area. This information was used to draw a sample of 40 respondents for in-depth interviews and case studies. Qualitative data was repeatedly reviewed and synthesized to generate discussion on health behaviours and there determinants by incorporating verbatim. According to Miles and Huberman (1994:17) stated that "the core requisites for qualitative analysis are a little creativity, systematic doggedness, some good conceptual sensibilities, and cognitive flexibility." The process of qualitative data analysis was started with the first day when researcher started field work. It was an iterative process which leads the discussions with the respondents. Through manual analysis themes were generated and presented in discussions.

### **1.7 In-Depth Interviews**

In-depth interviews were the main instrument used for the study. For the current study 40 in-depth interviews were conducted. Before the actual interview potential respondents were approached and explained about the research and its objectives. After answering their question and informal discussion researcher visited them according to their convenience quite often interviews were split into multiple sittings. No structure or semi structured topic guide was used; however researcher had a list of broader areas related to the research and tried to keep the discussions around those premises. It was an iterative process interview and was more like a discussion. Respondents in these interviews were from all socio economic groups of the village.

Interviews were conducted in local language i.e., potohari. The Researcher was fluent in the dialect, which was a facilitating factor. These interviews were conducted at different places, sometimes we sat down outside the shop of Hawaldar Younas or at the home of the respondent and a few respondents who often visited me at Dr. Tariq's home where a separate room was reserved for me during my field work. One door of that room opened up in the street and other in the Haveli. In all this was very interesting process. When people became familiar they often discussed their problems and some time sought advice for their health issues, for which they were referred to Dr. Tariq or other health facility.

### **1.8 Informal Group Discussions and Free Listening**

Though interviews were also detailed and based on detailed discussion, but, the group discussion at meeting places over the cup of tea or at news paper discussion was found very useful in understanding the concept of people. People were asked general question about the beliefs and concept related to health. How they perceive and react to the situation. What sources of information and knowledge were believed reliable? More importantly how these collective discussions and knowledge sharing process was engaged in modifying the concept about life, illness and health.



## Chapter- 2

### THE SETTING

#### 2.1 Location

Village Mohra Fatima is located on Mandra-Chakwal road in Tehsil Gujar Khan at a distance of 49 kilometer in the south of Rawalpindi city. It falls under the administration of District Rawalpindi, Tehsil Gujar Khan and Union council Jatli. Police station Jatli and Union Council Jatli are the immediate offices responsible for the maintenance of law and order and local administrative affairs of the village.

Pakistan is divided into four provinces i.e., Punjab, Sindh, Balochistan, Khyber Pakhtunkhwa and three administrative regions, Federally Administered Tribal Areas (FATA), Northern Areas and frontier regions (see Map 1). District Rawalpindi is in the province of Punjab. It is composed of seven Tehsils (sub-districts). Tehsil Gujar Khan is the largest of 7 tehsils of District Rawalpindi (see Map 3). Rawalpindi lies at the heart of Potohar plateau of Province Punjab. The Potohar plateau which is rain fed area it is bounded by two rivers; Jhelum on the east and Indus on the west, and two mountains; Margallas in the north and Salt range in the south.

#### 2.1.2 Climate

There is wide variation of the climate between various parts of the district. The Murree and Kotli Satian tehsils have severe winter and mild summer, while Gujar Khan, Rawalpindi and Taxila tehsils have a hot summer and moderate winter. The monsoon rains start in the middle of July and end about the beginning of September. The other rainy season which is more peculiar to this district, starts in January and lasts untill the beginning of March. There are two crops seasons Rabhi and kharif. Due to winter rain, wheat cultivation begins in Gujar Khan around November. In general, rainfall is regular and sufficient throughout the area for cultivation of crops of both harvests. There are two distinct rainy seasons. The summer season from July to September and the winter season from December to April.

**Map 1:** Pakistan: showing its internal geographical division and surrounding countries.

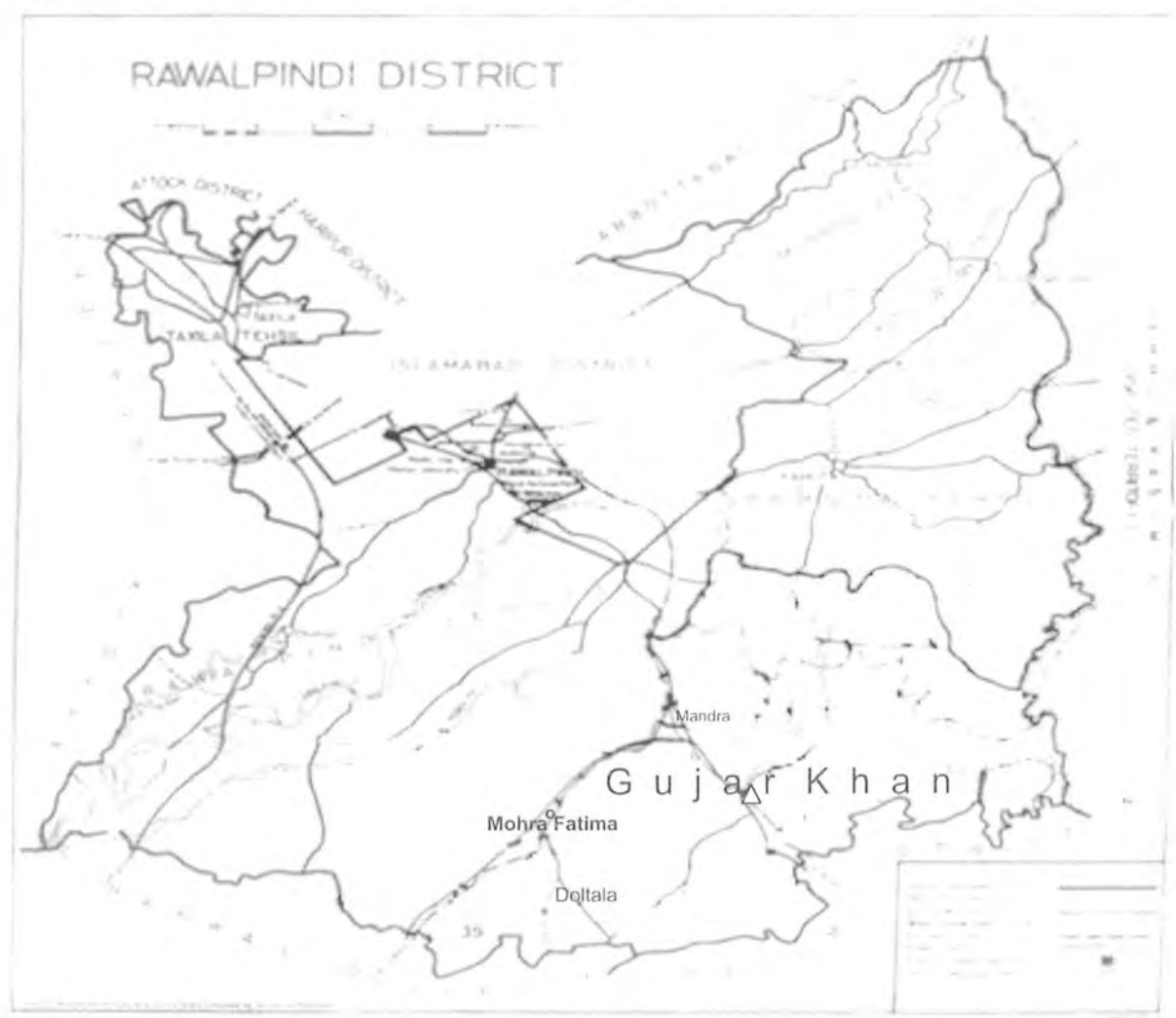




Map 2: The province of Punjab



Map 3: District Rawalpindi and Tehsil Gujar Khan



## 2.2 Settlement History

According to local history regarding the settlement around two hundred years ago a female named Fatima of Minhas Rajput family of village Behro Ratiyal decided not to marry spent her life in praying and meditation. She informed her family decision to her family and requested her brother to provide her with a shelter outside the village where she could spend her lifetime in solace and concentrate on her prayers. Her brothers agreed with her and constructed a small house outside the village. She along with one of her brothers migrated to that place and lived there ever after. The settlement is there for called Mohra Fatima; Mohra being the Potohari ward for a small settlement. Majority of the present population are Minhas Rajput the descendents of her brothers. Minhas Rajput are the original settlers and land owner of the village. They brought in three occupational groups namely Nai (Barbers), Mussalies whose ancestors made leather water bags, baskets and did other menial work, and Mistri (masons) in the village. They were given land to construct houses to live in and serve Minhas Rajputs. Nai and Mussali reside in the central part of Mohra Fatima, whereas Mistri have their dwelling in a separate section of the village across the Mandra Chakwal road (see Figure 1: layout of the village). Their area is called Mistrian ni dhoke meaning small hamlet of masons and labourers. The third section of the village is called Kashmirain ni dhoke. In 1946 Kashmiri Mughals came from Kashmir and purchased land from the original settlers both for residential as well as agricultural purposes.

Mohra Fatima has a clear segregation of Minhas Rajput, Mistri and Kashmiri Mughals residing in three different sections comprising of one main village called Mohra Fatima. (see figure 1 Layout of Mohra Fatima).

Doltala is the nearest town from Mohra Fatima, (see Map 3) which is a market place, where people from surrounding areas came to buy their necessities and to avail services related to health, banking etc. There is a bus station in Doltala from where transportation to all major cities of Punjab is available. Markets roads of the town remains busy all the day. Nearest Rural Health Center (RHC) from Mohra Fatima is also located in Doltala. RHC offers more services as compare to BHU. In Doltala RHC two Medical Officers along with a female Medical Officer are posted. RHC offers a variety of services ranging from primary care, minor health issues and vaccination to clinical examination and diagnostic facilities. A

female doctor and Lady Health Visitor (LHV) provide the services for antenatal, postnatal care and conduct of safe delivery. Under the Tuberculosis (TB) control program diagnostic facilities and complete treatment for TB is available. There are ten for inpatients, however, at the moment; patients are not retained over night due to unavailability of night staff.

Other than RHC, there are many private clinics, maternity homes and hospitals are in Doltala. One of the respondent said

*“doltala is very near and there are many doctors and child specialist; when ever my baby gets sick I take him to a specialist.”*

In recent years Doltala has been transformed into a metropolitan town with availability of all sort of modern facilities.

Mohra Fatima is the central and most populated part of the village. At the time of the study it comprised of 139 households out of which 135 households belong to *Minhas Rajput* family, remaining four households belongs to *Mussali* and *Nai* families. Mohra is thickly populated although almost all houses are very spacious with a large compound surrounded by a wall. All the households are similar in there construction style, single story houses with T-iron roof tops. There are a few house seem very old in there construction style. There is no remarkable difference in housing pattern and construction among different socio-economic classes. Mohra has one primary school and a jamia mashid. There is no market in the village but a few shops are providing all basic necessities. The main outlet for buying is a medium sized shop of Hawaldar Younas (retired army personnel) who was running his shop in a room adjacent to his house. He sold a variety of items to villagers, ranging from grocery items to cold drinks, snacks, sweets, plastic slippers etc. People of all ages came to the shop for buying and children regularly buy sweets, drinks, chips and other snaks. House wives mostly buy grocery items and other household necessities. While sitting at that shop I noticed that the use of carbonated drinks is common in the village especially in summer. during my visits to household I was served with carbonated cold drink in most of the households. In front of the shop there is a open space were a place is available for parking vehicles. I often observed



that a Suzuki pickup was parked in front of the shop, which provided local transport service from Mohra and Kashmirian ni to Doltala and Jatli Adda. Some female students also used that pickup to travel to their collage and schools in Jatli and Doltala. The area around the shop of Hawaldar Younas is the center of the village for many activities. In evening after *Asar* prayer villagers gathered around that place and discussed their daily life issues and national politics. It was over here where I would meet the village folks and where I first met Mr. Akhlaq Hussain who was one of the individuals who provided useful insight about the village. Used to spend most evenings here around with other people. Mr Akhlaq Hussain and a few others also came here in the morning around 9 o'clock, when a pick came from Doltala with the daily news paper. The paper was read by one of them and others gave their opinions about the news. Other than the news paper they also discussed other general issues of the village. During the time I was there the installation of natural gas and lying of pipes was one of the main issues.

In the middle of Mohra village, across the shop, there is a water pond known locally as *bann*. Historically it was storage for rain water, which was then used as drinking water for animals, bathing and washing cloths and utensils. Now it has become a breeding ground for mosquitoes and flies as the drainage water from all the streets is directed towards the *bann*. Only a few buffalos sometimes enter the pond and other than that it has no usage.

Another important place in the village is the *haveli Lal Hussain*. It belong to Late Col. Lal Hussain who had served in British army. This building has a spacious compound and comprises of three rooms two at ground level one upstairs. Currently it is being looked after by one the Col.s' grandson. The Haveli is mainly popular with the young boys of the village who gathered there to play volley ball and cricket in the evenings and to watch TV in the morning. A satellite dish TV connection was installed there. This place which is next to the shop of Hawaldar younas is like a community center for the youth of the village. Most of the young males in the village not doing a proper job or business come to this place at their free time for leisure activities. During my field work cricket world cup was in progress and many young men came to *haveli* to watch the matches. This is the one aspect of the picture; as some of the older generation had a very negative opinion about the things going on at *haveli*.

They believe that the youth were indulging in substance abuse and gambling at that place. One respondent said “ *na pouchain jee is havilee mai kia kia hota hai, yahan per har ulta kam hota hai.*”( Don't go into that what is going on here at the haveli; every wrong thing is going on here). One of my respondents who was around 70 years of age at the time of my field work told me that his son is not attending to any job properly and used to drink at the haveli. He was very upset because of him.

At an elevated place in the middle of the village a very peaceful small Masjid. In a seprate section of the Masjid fresh water is available all the times for *wadho*(*ablution*). The Masjid is comprises of a main hall which can accommodate 30 to 35 persons and a small open compound which is used on Friday and Eid prayers for larger gatherings. In main hall the Qur'an and other prayer books to read and recite. At prayer time, I observe that 12 to 15 persons attend the prayers regularly the majority of them being elderly persons with a few young boys.

At the western end of Mohra there is a large well where women folk of the village fetch water. This well is not only a source of clean drinking water but also provides and outlet to interact with the other females of the village. Other basic facilities like electricity and telephone are available and the installation of gas pipe lines was in progress at the time of study.

### **2.2.2 Misterian Ni Dhoke**

In the north west across the Mandra-Chakwal road, is located a small part of the village, Misterian ni dhoke (hamlet of masons and laborers) (see Map 3). These people belong to occupational class and were brought here by Minhas Rajput and were given lands to build house. Later on they purchased land along the old grave yard which was not cultivated by the land owners at that time. This hamlet is comprised of 17 households. Dwellings are very near to Mandra-Chakwal road at a walking distance. As the name suggests all households belongs to Mistre quom. In construction style these houses are similar to those in the Mohra, single story houses with T-iron roof tops and large compounds. A separate room is used for guests which is called *bathak* where a sofa set, a bed, a dressing table and few chairs are placed. As Mistrian ni dhoke is away from the other parts of the village, a separate mosque is



constructed adjacent to the dwellings. It was observed that Masjid is irregularly attended by the people of Mistrian ni dhoke and for juma prayer people go to kashmirian ni dhoke or Mohra. Most of the male members worked as masons or daily wage labor and females look after the household, animals and work in rented agriculture lands. The nearest village and shrine of Bhangali Sherif is at walking distance from Mistrian ni dhoke (see figure 1 village layout). People often visit the Shrine for prayer and attends the *urrs* and *jumarat ki dua* (special prayer on Thursday). In addition to prayers this shrine is an out let for the people of the village. The only source of the clean drinking water is the well in the hamlet. Recently a few households have installed hand pumps. There is no shop available in the hamlet; the nearest market place from dhoke is the *bhangali adda* where few shops are located. Electricity is available in the dhoke, but people of the hamlet are still waiting for installation of gas pipe line. Dhoke is alongside the busy Mandra-Chakwal road so the transportation is available round the clock and people can travel to other areas very easily.

### 2.2.3 Kashmirain ni Dhoke

Another hamlet of village mohra Fatima is Kashmirain ni dhoke. All the residents of the hamlet belongs to Kashmiri Mughal *quom*. These people came here in 1946 and settled here. Since the time of their ancestor they are quite established financially. Most of the families purchased agriculture lands around the village. This hamlet is adjacent to mohra, as only one agriculture field separates Kashmirain ni dhoke from mohra (see figure 1 Layout of the village). In Kashmirian ni dhoke one main stree bisect the dhoke and leads to Mandra Chakwal road through a dust track. Few well constructed household with steel gate are seen in the hamlet, there outer walls being plastered and painted, contrast to the majority of the village. In Mughals many male members of the families are working in Middle East and Europe and they remit their earnings to their families who spend good money on the construction of houses. in addiotn to foreign service few own very good business in Doltala town. Recently a large sized atomated poultry farm was constructed by a Kashmiri who was the ex-nazim of the Union Council of Jatli. Many people from the village are employed at that farm. Because of their economic well being these people are also socially and politically well connected. As the hamlet exhibit slight variation in construction of the houses, similarly the jamia masjid in the hamlet is well constructed with spacious and well maintained



premises. Next to the Masjid gate there is a shop where few confectioneries and basic daily use items are available. According to the shopkeeper he has no resources expand his shop so he has a limited range of products for sale.

### 2.3.3 Household Assets

In the village majority of the households are constructed on the same pattern, single story with T-Iron<sup>1</sup> and mud roof tops with spacious compound. It was observed in the area that there was no visible disparity in terms of the construction of the households and the household item normally used. As most of the people belong to Minhas Rajput family, all have their own land holding, and inspite of the difference in the size of land holdings everybody enjoying similar social status due to caste. It was noticed that the furniture and other household accessories are simple. Basic electronic devices like TV, Fridge are quite common. In a drawing room a sofa, 4 to 6 chairs, center table, a dressing table and one or two beds were observed to be the main pattern. The furniture of dowry is often displayed in drawing room which is locally termed *Bathak*. An audio player with speakers, TV set along with DVD player is often found in *Bathak*. Utensils were often observed to be placed on a shelf in the *Bethak*. In courtyards locally prepared *Charpai* (cot) or *Perhi* (low sitting stool) are used for sitting. *Perhi* is often used around *chuhla* (cooking area) and for washing clothes or utensils.

## 2.4 The People

The major *Quom*(caste like) in the village Mohra Fatima is Minhas Rajput, titled Raja. They are descendants of brothers of Fatima. All the Minhas are settled in the main Mohra. Out of 176 households of the village, 135 households belong to Minhas Rajput. Mistree and Kashmiri Mughals are other major *qoums* in the village. Their ancestor Baba Hassan Ali who belonged to Kashmir worked as a motor mechanic in Mumbai. He was the first to come here and purchase lands in Mohra Fatima and in Doltala. After that another family from kashmir also migrated and settled here. As Minhas Rajputs had lot of surplus lands so they sold out their surplus land to these Kashmiries families. Both these Kashmiries families have different

---

<sup>1</sup> Iron bars used in the construction of roof tops

descendents. Key informant for the research, Mr Akhlaq Hussain told me that, "the decedents of Baba Hassan Ali are different from others they have whitish skin color and others have dark skin." As the time progresses they buy more agricultural lands in and outside the village. Kashmiries are less in numbers but they are economically very sound because many of them went abroad especially to Europe. All Kashmiris have their own houses. Mistre are brought in the village around 100 years ago by Minhas Rajputs and they were given lands to construct their house inside the village. Initially they were settled in main Mohra village. They land for house was given to them but not legally transferred to them yet, however they are occupying these lands since many years and enjoying the rights of ownership. Later on Mistre constructed their houses outside the main village across the Mandra Chakwal road along the grave yard which was owned by a family from village Behro Ratiyal, according to the mistri they purchased that land from the forefathers of the family of village Behro Ratiyal but that land has not being legally transferred as yet. They have only residential lands however few Mistre have small patches of agricultural lands which are not more than 2 kanals.

Similarly as Nai and Mussali were brought in the village as occupational classes. Around 100 years ago Din Muhammad who was called dinno was brought by Lal Khan Minhas who gave them land to construct house and since then they are serving Minhas Rajputs. They have their own house but the land was not transferred to them however as they are occupying it since many many years they are considered of the owner of that land. Balawal and Sajawal were two brothers who belongs to Masali caste. They too were brought to the village and were given about 1.5 kanal land which is still being used for residential purposes by their descendants. Initially they used to process the hides of animals, made baskets, *mashak* (bag made of hide to carry water) and prayer mats etc. In recent years male members have been employed in Army and have given up their traditional occupation. They now call themselves Mussali instead to Masali. They do not have any agricultural land.

**Table No. 1: Households of Mohra Fatima**

Cast	No of Households	Percentage
Minhas	135	78%
Rajput		
Kashmiri	19	10%
Mughal		
Misteri	18	10%
Nai	02	01%
Masali	02	01%
Total	176	100%

*Source: socio-economic and census survey*

In short the village is owned by Minhas Rajput due to the reasons discussed earlier.

More than 50 percent of the population of the village comprised of individuals who were 30 or less than 30 years of age. Table below depicts the complete picture of the age distribution of the village Mohra Fatima. According to table below, majority of the population lies in the age range of 11 to 30 years. The age range by sex shows no significant differences. Major part of the population comprised of youth. Only 11% people were above 60 years of age.

#### **2.4.1 Social Groups**

Various social groups co-exist in the village. All the populace of the village form a social group and there are many sub groups within the village. These sub groups can be classified

**Table No. 2: Distribution of the Population by Age** — and sex

Age	Frequency			Percentage
	Male	Female	total	
0-10	87	106	193	18%
11-20	98	119	217	20%
21-30	96	108	204	19%
31-40	56	81	137	12%
41-50	57	68	125	12%
51-60	49	54	103	09%
61-70	30	44	74	07%
71-80	15	18	33	03%
81 & above	8	8	16	01%
Total	496	606	1102	100%

*Source: Socio-Economic and Census Survey*

on the bases of hamlet, *qoum*, occupation, age, gender etc. According to Leach (1971),

“every individual has statuses in the occupational framework of the community, in the framework of kinship relation, etc. the caste system defines clusters of such statuses, and particular cluster is imposed on all individual members of each particular caste”.

At large the entire village is a social group where all the people irrespective of their *qoum* share common things like marriage, death ceremony and political gatherings during elections. In marriage ceremony all the villagers are invited to participate and share the food at function of *walima*<sup>2</sup>. It is a reciprocal relationship between the group and every household has an obligation to attend the marriage ceremony if others had attended their ceremony

<sup>2</sup> Feast offered by the family of groom normally at the last day of ceremony.

previously. They also have to reciprocate the *vertan bhanji*<sup>3</sup>. During marriage ceremonies some times, household items are shared with the family to meet their requirements. Items such as *charpais* and *bister*<sup>4</sup> are collected from all households of the village to accommodate to the guests who stay overnight. Similarly at the occasion of any death in the village all villagers come to gather and to condole with the family. Neighbors and relatives in the village come and take the charge of all arrangement of *tadfeen*<sup>5</sup> (burial) and managing the guests. At the day of death and three subsequent days neighbors and relatives made all the arrangements of food for the guests and family. At third day ritual of *Qul*<sup>6</sup> and after that on every thursday till the completion of 40 days when ritual of *Chelum*<sup>7</sup> is performed, food is served to the people. There is reciprocity even in these rituals, primarily it is the obligation of the family of the deceased but other relatives and neighbors also participated. This is reciprocated when any death occurs in their families.

Each hamlet also form a social group, relationship of group at hamlet level is more close as compare to village level group. At hamlet level social group not only exhibits all the characteristics of the village as social group but shows more close ties and links with each other. When a person falls ill other people visit him and wish him early recovery and elderly members often suggest curative measures. Both at village level and at hamlet level they respect each other and guard the honor of other community members. A common proverb “*izzat sab ki sahnji hoti hai*”<sup>8</sup>, explains the values of honor and respect of each other in the community. They offer help to each other when required. There are three main *qoum* (castes) in village i.e., Minhas Rajput, Mughal and Mistree, other than these there are two households of Nai *qoum* and two families belongs to Mussali *qoum*. Minhas Rajputs are mainly landowners and engaged in subsistence farming, some family members are serving in armed forces of other public sector jobs. Almost every Rajput household has their own agriculture lands, however majority of them have small scale land holdings. In status Minhas Rajputs are ranked high as a *Zimindar qoum*. Mughals are mostly self employed and few are

<sup>3</sup> Any gift in cash or in-kind given to bride or groom or to their families.

<sup>4</sup> A blanket and maters

<sup>5</sup> Includes all arrangements of burial

<sup>6</sup> A ritual with religious connotations performed at the 3<sup>rd</sup> day after the death, and believed that the recitation and food served to people will bring peace in life after here of the deceased.

<sup>7</sup> Mortuary ritual performed to terminate the mourning period.

<sup>8</sup> We all share the same honor

doing job abroad, since they came here they are financially strong and respected. Mistree as the title suggests, engaged in daily wage labor and masonry. Each qoum is a social group who share certain values within the group and many commonalities. Mistree, Nai and Kashmiries are strictly endogamous, however Minhas Rajput marry in qoums of equal status like Gujjar and Rajputs etc.

In village Mohra Fatima majority of the population (135 out of 176 households) belongs to Minhas Rajput *qoum*, *larri* (sub-caste) of Ratiyal Rajput they are titled Rajas. Mr Sultan Mehmood a retired army personnel told “ *we Minhas Rajputs are the larri(sub caste) of Ratiyal Rajputs*”. They are the land lords of the village. These Minhas Rajputs constitute a social group as they are descendent of same ancestor. They have kin relationships among most of the families. They prefer to marry with the *qoum*, however in recent years they maintain affine relationships with other *qoums* of equal social status. Kashmiri Mughals and Misteri families are other prominent *qoums*. Mughals are immigrants in the village, before partition in 1946 they migrated from Kashmir and permanently settled here. Later on they purchased lands in the village and in surrounding areas. Kashmirain ni dhoke is next to the main Mohra, where all households belongs to Mughal family. Similarly all Mistree families are settled in Mistrian ni dhoke, the third hamlet of the village (see Map 3). Other than these qoums there are different social groups made of people who gathered at different places and occasions, an example being the young male members gathered up daily to play volley ball and cricket at Hvaily Col. Sultan and the other social group that gathered at the village shop. All the existing social groups of the village overlaps each other for example, each *qoum* constitute a social group and each hamlet too, form a social group and the entire village is another form of a group.

#### **2.4.1 Marriages**

Marriage is one of the most important cultural event in the rural areas of Pakistan. Marriage is generally arranged by the parents of the bride and groom. Relatives and friends and members of Baradari are invited to attend the ceremony. Relatives and family friends offer gifts to the parents of bride and bridegroom. The function of mehndi, sehera-bandi, baraat and walima are normally celebrated. People prefer to marry within the family and caste. Most



of the time marriages are settled within the village. As people of the village are closely linked through social groups, during marriage ceremonies everyone is invited to attend the Walima<sup>9</sup>. However for other functions i.e., mehndi, schera-bandi and baraat only kin related members and nearer neighboring households are invited. Food is served to everybody during all functions. Variety of food varies on each day, as on mehndi and baraat simple one dish food offered, while at walima party, multiple food items served with sweet dish called *zarda*. Function of mehndi is celebrated by singing traditional marriage song, some fireworks and firing, young male members participate in dance on the beat of drum called *luddi*. The elderly male members sat together and meet up each other and had lot of discussion on current affairs, agriculture and discussed their favorite past time.

**Table No. 3: Marital Status**

S.No	Category	Male		Female		Total	
		No	%age	No	%age	No	%age
1	<b>Married</b>	238	48	240	40	478	43
2	<b>Single</b>	225	45	313	52	538	49
3	<b>Widow</b>	27	05	43	06	70	06
4	<b>Divorced</b>	01	0.2	9	0.7	10	01
5	<b>Remarried</b>	03	0.6	1	0.2	4	0.3
6	<b>Polygamous</b>	02	0.4	-	-	2	0.1
Total	-	496	100%	606	100%	1102	100%

Source: Socio-economic and census survey

Trend of divorce and remarriage is less frequent, in the community as only 5 females were divorced and there were 61 widows who were not remarried however only 4 reported remarriage.

Marriages are arranged by the family elders. Fifty eight percent of the population is married. As our data regarding age distribution majority of the population was comprised of youth and among those majority was unmarried. Table above shows distribution of marital status in the village. In village it was observed that average age for marriage was little bit higher as compare to other rural areas of Pakistan. According to key informant Mr. Ikhtlaq Hussain, the reason behind increased marriage age is; trend of higher education in female and unemployment in young male members of the village. Females are enrolled in higher

<sup>9</sup> A food party offered from groom to friends and relatives to announce the marriage

education which results the delay in marriage. On the other hand, a male is supposed to be a bread winner for the family and especially after the marriage had greater responsibilities. These two factors are believed the main reasons behind the increase in average age of marriage.

#### 2.4.2 Language

The population speaks Punjabi with Potohari being the predominant dialect. Currently it is observed that in many families people used to speak in Urdu, especially with children. Some believed that it is more civilized way to interact with the children and some still believe that the mother tongue has a value and they have no shame to speak Potohari. Tradition of Potohari poetry is quite influential in promoting the local language, at different occasions, like *Urrs*<sup>10</sup> or at marriage ceremonies, special arrangement are made to organize *Mushahira*<sup>11</sup>, where different poets are invited. Potohari is very common medium of communication even in public institutions like school and at health centers people interact in Potohari. At a charity clinic I observed many patient who are very comfortable in expressing their symptoms to doctor in their mother tongue. They have different words to present the discomfort and symptoms in contrast with western medical terms.

Potohari is the main language in the area, though Urdu is also the medium of communication especially for writing. Any speech or public address from any religious or political leader is made in urdu. In mosques during weekly *Juma*<sup>12</sup> prayer *Imam Masjid*<sup>13</sup> delivered his address in urdu however often potohari is also used. Other than potohari and urdu, few Pakhtoon families are resided around the locality and used to speak Pashtoo, but no Pakhtoon was the resident of the village.

#### 2.4.3 Religion

Religion is defined as belief in supernatural, the ultimate power which governs and directs everything. James Fraser (1958:58-59) define religions as “a propitiation or conciliation of powers superior to man which are believed to direct and control the course of nature and

---

<sup>10</sup> Ceremony performed at the shrine with religious connotation.

<sup>11</sup> A party where different poet presents their poetry.

<sup>12</sup> Weekly prayer offered on friday

<sup>13</sup> Religious leader, who leads prayer at mosque

human life.” In Mohra Fatima village 100 percent of the population consist of Muslims, with the majority belonging to Hanfi Sunni sect. In all three hamlets Masjids are constructed and people performed prayer 5 times a day. It was observed that people of elderly age are more regular in offering prayers. Prayer is believed as a source of prosperity, even those who are not offering prayer regularly said who offered prayer regularly remain healthy and happy. People of the village believe in faith healers and had lot of respect for shrines. One of the responded said “ *we visit Bhangali Sherif, these sants are the source of blessing*”. There are two main shrines, Kalyam Sharif and Bhangali Sharif, at both shrines many religious and cultural ceremonies are performed during the year. A large segment of the local community attends these ceremonies of *Urrs*. Shrine of Bhangali Sharif is adjacent to the village and on walking distance from *Misterian ni Dhoke*. Once this researcher visited that shrine to offer jumma prayer, where there were many people who had come from different areas. It was observed that most people wearing prayer caps with a multicolor strip of green, yellow and red on it. When inquired about the color strip people told that these color show a symbolic association with that shrine and shows that they are *mureed*<sup>14</sup> of Bhangali Sherif. At the time of prayer when the *Pir*<sup>15</sup> of Bhangali sheriff entered in the main the hall all attendees stood up in his respect. He addressed and lead the prayer and at the end of the prayer every one rushed to him to shake hand. After prayer people offered *Fati'ha*<sup>16</sup> at the shrine.

Majority of the people believe that illness or any discomfort is from ALLAH, and they don't have control over it. During field work many individuals quated a proverb “ *jo raat qabar mai hai wo bahir nai ho skti*<sup>17</sup>”. They also believed in magic as a source illness or death. One of the respondents quoted another common proverb “*dekchain na jee jaado tu bar-haq hai na, kuion key ye tu hamry NABI (SW) per b howa tha*<sup>18</sup>.” People believed that magic from any sensate agent can cause illness or other problems like financial crises and infertility. The majority did not consider magic as reason for their health crises. It was observed that in case of chronic illnesses like TB or Hepatitis people think about magic as a potential. but for common health issues are believed as hot and cold imbalance.

---

<sup>14</sup> follower

<sup>15</sup> Saint

<sup>16</sup> Offering prayer by reciting verses of Qur'an

<sup>17</sup> time of your death is pre-decided

<sup>18</sup> look magic can harm as it had impact on our PROPHET (SW)”

#### 2.3.4.1 Superstitions/ Beliefs

Most of the people in the area are Muslims. Mostly they believe that everything is from *QUD'RAT*<sup>19</sup> and always seek help and prosperity from HIM. Influence of Pirs<sup>20</sup> and shrines are quite strong. Shrines of the Kalyam Sharif and Bhangli Sharif are visited by a large number of devotees at the annual Urrs of these saints. The people generally have a conservative outlook on life and are particular in the observance of religious ceremonies. Majority of the people offer prayer regularly and observe fast during Ramzan. Despite strong believe in ALLAH many people still considered myths about evil eye and super natural beings can hurt. Many things are considered as *manhoos*<sup>21</sup>s such as a dog with marks above the eyes or hen that crows like cock.

Females especially after the birth of baby are believed most vulnerable to be affected by the supernatural world. During this period special rituals are considered important, for example, a knife or scissor is put under the pillow of mother to avoid *Jin*. Mother with new born is advised not to go out in dark and outside the home up to forty days of delivery. Pregnant mother avoid the encounter with another pregnant female, which is believed to have *saya*<sup>22</sup>. The concept of evil eye is also very strong in the community. Anything seen as beautiful, healthy, wealthy is believed to be susceptible to the effect of evil eye. It is believed that it is not necessary that mal intentions of the person are responsible for evil eye; anything which attracts any body and fascinates him/her can be damaged by his/her evil eye.

#### 2.4.4 Cultural and Traditional Festivals

Mohra Fatima is located in the center of Potohar region, with its traditional and cultural activities. Mela or Urrs<sup>23</sup> is one of the main cultural festivals in that region. These events are mostly associated with shrines of Saints in the local area. The main Urrs is organized at the shrine of Bhangali Sherif, where followers from whole the district participate. During Urrs different religious and cultural ceremonies are performed. Recitation of holy Quraan, *Mehfil*-

---

<sup>19</sup> Supernatural force generally means ALLAH

<sup>20</sup> Faith healers

<sup>21</sup> something which can bring bad luck

<sup>22</sup> Inverse effects from supernatural

<sup>23</sup> Cultural festival organized at the shrine, normally once a year.

*e-Naat*<sup>24</sup>, *Qawali*<sup>25</sup> and address from religious scholars are arranged. April is the month when agriculturist of the Sub-Continent are free before the harvest season, Bisakhi is on 13<sup>th</sup> April and it is significant time for Sikhs also. At Bisakhi *meela* (Agricultural ritual celebrated on 13 April of the year), annual competition of bull and horse is arranged in a large ground alongside the Doltala road, near the village. These festivals not only presented the local culture but also served as outlets for the local population, especially for the female and children to enjoyed themselves. Females and other community members used to do their shopping from these festivals. Chainjo (hopscotch) and Guli Danda (tip-cat), Kabaddi, tent pegging are the common games in the area. Cricket is popular sport in the village as in other parts of the country, as cricket world cup was in progress during my field work; watching cricket match was also a leisure activity, especially for youth. The elder members usually pay a visit to the village meeting place, which is often near or outside the local shop of Hawaldar Younas in the center of the village. They sit around and discuss the news paper and national politics and sometime smoke Huqqa and gossip about day's occurrences. Music and dancing are also common. Bhangra, Summi, Luddi Jhummar and Giddi folk dances in the fairs and festivals take places.

## 2.9 Dress

Male usually wear Shalwar, Kameez (shirt) and Chaddar (cloth sheet). The Chadder is multipurpose dress. The most common colors of men's dress is white, off-white, and different shades of grey. The female wear coloured Shalwar and long Kameez (shirt) and dopatta / chaddar (cloth sheet / head cover). Fabric for clothing vary according to seasons, like in winter people wear warm cloths, which gives them protection from cold winds while working in the fields. Clothing matters a lot for children in winter, people believe that warm clothing protects from disease like, phenomena, cough, fever etc. and the same in summer, people prefer cloths made of cotton and of light material and colour. Chadder is an important especially for males, when they move out as it protects them from heat and cold. The usual ornaments like ear rings, bangles, necklaces, are worn by the women on festive occasions or marriages. There is no such division of ornaments for married and unmarried females.

<sup>24</sup> Poetry which was centered on praising THE PROPHE (SW).

<sup>25</sup> Similer to mehfil-e-naat, but some musical instruments were used, tradition started from a renowned santé was in india.



however married women use more gold jewellery like bangles, necklace, tikka, ear rings commonly. Young girls and unmarried females normally use glass bangles, ear rings and nostril rings. Widows not use ornaments until they remarried.

#### **2.4.5 Food and Health**

A general believe about food is found that food is the source of good health and important for healthy life. The Food used by the people, is very simple. They have their own grown crops and pulses. Fresh milk is easily available. In breakfast bread is served with curry, yogurt, or tea. Some people take fried eggs too. The use of tea is very common, in breakfast, in afternoon and often guests are served with tea. At lunch time bread with curry, *chattni*, *lassi* (butter milk) or some time rice is cooked. Guests are often served with rice and chicken. Soft drinks are a recent phenomenon, and are very frequently used. In summer guest are feasted with soft drink and it is believed that is a prestigious way of hospitality and a symbol of status. At dinner similar type of foods are consumed. Wheat and maize are the staple food grains while Bajara is also used to a lesser extent. Meat and vegetables are also eaten by well-to-do families; pulses are used by most of families. *Lassi* and Tea is popular drink all over the area. Bread is generally baked in tandoor. People strongly believe that good health is associated with good food. Most of the people said that good food must include, meat, batter or Desi gee, milk and fruits. Due to good climatic conditions in the area, health of population is generally good. Most of the people living in the village had better health than people from urban areas. Food being the symbol of status, guests are served special foods. At the arrival of guest number of dishes are prepared mainly at least one dish of chicken, rice, salad, sweet dish and one dish of vegetable. Hospitality is the value for the people, and to offer such foods to guests is a tradition and symbol of the hospitality. Offering expensive and difficult to made foods shows the respect and honor for the guest. Similarly variety of foods given at marriage and death ceremonies shows the status of the family.

#### **2.4.6 Education**

The community considered formal education to be very important. 31percent of the population had formal education in all, but in youth and especially in female literacy rate is very high. During recent years trend of female education has improved. All young females



are enrolled according to socio economic survey. Educational facilities i.e. schools are available for both boys and girls. In the village there is only one government primary school is there, but in the village Behro ratyal a high schools for both boys and girls existed. Alongwith these public schools, few private schools are also functional in the area. Most of

the population had benefited from these Public schools. But post school education facilities are not available in the town. To attend college or university students have to go to nearest towns Gujar Khan and Doltala or other cities.

Parents are very ambitious for the education of their children. Few families are settled in the town, like Gujar khan or Rawalpindi only to provide their children quality education. It is a rural area and people are very traditional but they encourage the education for both genders equally, and few girls are allowed to stay in hostels for their higher education. Few individuals are highly educated and some are enrolled in higher degrees. For current research educational level are divided in 6 intervals, those who never attended school and those who attend primary, middle, high, intermediate or collage, university are classified in table below. Majority of the population is uneducated which consisted mostly of elderly people. Other than elderly people some housewives and male youth is also found to be uneducated. In recent years this trend has changed all most all the girls is enrolled in school and had showed good results. According to locals female are improving in education and is more inclined towards education. In youth the trend of higher education is recent phenomena, especially in female. majority of the males is not interested in education after matriculation. One of the key informants, Ms Raheela BiBi, had 3 daughter and one son. Her daughters were obtaining higher education but the son was still attempting to clear his BA exams. She said “females are more keen to go for higher education and some young females are doing higher degrees such as Master and M.Phil from different universities”. Her two daughters were enrolled for M.Phil. During the field work researcher interact with boys, who showed less interest in education, after matriculation they seem interested to join armed forces or some other job. Moving out of the village is a fantasy for male youth, as the boys who returned from their jobs from other cities tell them stories which fascinate those who had never been exposed to these things. In kashmiri families mostly female are educated and engaged in teaching in

different school near village. Few families had migrated to Rawalpindi and Islamabad for the sake of education of their children.

**Table No. 4: Educational Levels of People of Mohra Fatima**

S.No	Levels of Education	Frequency	percentage
1	Primary	85	08%
2	Matric	127	12%
3	Higher secondary	58	05%
4	Graduation	49	04%
5	Masters and above	23	02%
Total		1091	100%

*Source: socio-economic and census survey*

**2.5 Economic Scene of Mohra Fatima**

The majority of the population is dependent on subsistence farming but are also supported by earnings of one or more of the adult male members employed in the public or private sector in nearby cities or serving in the arm forces. The socioeconomic status of these families depends on their landholdings, number of adult male members and nature of their jobs and education. Mohra Fatima is a rain fed agrarian village, main crops being wheat, maize, pluses, and peanuts. Mr Ikhlaq Hussain one of key respondents said;

*“almost all members of the village have their agricultural lands, wheat, maize and bajra are the main crops, people also keep domestic animals specially buffalos and sell out milk to nearest town of doltala.”*

People can not entirely rely on agriculture as a source of subsistence. As agriculture depends entirely on rainfalls and mostly the people of the village had small scale land holding. According to socio economic data, 50 percent of the population had agriculture land of 1 to 3

*Kamah*<sup>26</sup> Therefore, almost every household had other sources of income, like domesticating animals and poultry along with serving in armed forces, government service, transportation, labor work and foreign services for better life standard

### 2.5.1 Skills Attainment and Occupation

Majority of the people are related to agriculture, during off season they try to find other sources of income e.g., some people derive public transport vehicles like vans and pickup. Some gets engaged in laborers work or moved to other cities for daily wage labor. Some of the people use to do daily wage labor within the village or in surrounding areas. Among Minhas Rajput families, majority of the people are related to agriculture, other than agriculture they are also employed in armed forces and in other governmental and private jobs at executive positions. Few Rajputs who had little or no agriculture lands and is uneducated is relying on daily wage labor for their subsistence. In Kashmiri Mughals the trend of business and moving abroad is higher. Few Kashmiries families have large agricultural lands but normally they are self employed. Kashmiris have their lands in Doltala and have businesses there; mostly they are cloth merchants in Doltala. Union Council's Ex-Nazim was also belongs to Kashmiri family, who recently established a large size poultry farm equipped with modern technology. Almost one or two individuals from every Kashmiri family working in abroad or had been there. Mistrees is mainly engaged in construction and labor work. Male members of Mistree families worked as masons locally however few is also working in Middle East. They is transmitting their skills to their next generation. In the village two families belongs to Nai *qoum*, both have barber shops, other than their shop they have few other responsibilities, especially on death occasions, marriage or birth of son. They served as cook on marriages and death occasions. In past their females had responsibility to wash utensils during death rituals and marriage ceremonies, but recently they is not doing so. Male also had responsibility of circumcision at the birth of son in any family, few families are going to doctor for the circumcision.

---

<sup>26</sup> Local land measuring term used for acre of land

#### **2.5.1.2 Role of Women in Economy of Mohra Fatima**

Female is responsible for the household chores as well as for farming activities, a woman has very tough daily routine which starts before sunrise and continues till late in the evening. Female is supposed to get up early in the morning and have to cook early breakfast. Even before the breakfast they also responsible for milking the cows/ buffalos and had to bring fodder for the cattles. A mother or wife has to serve the breakfast to all the family members and took her share at the end. Once she see off the children to school and male members to their work starts washing utensils and dusting of household. Before lunch they also had to fetch water from well which is not very far and few families have hand pumps in the household. Females also had to feed livestock clean barns, and throw cow dung in the fields. After completing these chores once again she has to arrange the cooking for lunch. During summer lunch is served between 12 o'clock to 1 o'clock in afternoon. After washing utensils she got few moments of rest before serving afternoon tea and going to collect fodder and fuel wood. In late afternoon once again female starts to feed cattle and milking. In the village people are use to for early dinner, females starts cooking in the evening with the sunset. House wife serve dinner and after eating she wash utensils. Before going to bed she looked at cattle and poultry and make sure that they were properly managed. For farming and non farming activities females had very significance role, which is recognized but not as paid jobs. As one of our 37 year old respondent who came back from Saudi Arabia said, "our farming depends a lot upon our females". But still their work is not valued as the job of bread winner of the family. Other than household chores, female had a role to maintain a social networking. They are actively involved in playing their role during marriage ceremonies and death ceremonies in the village. Mostly the elderly female of the household is supposed to attend the death ceremonies within the village and outside the village to adjacent villages, where they have kin or social relationships such as other members of bradari, relatives and member of socio-political alliance.

Other than these unpaid responsibilities which has an economic worth, in recent years females are actively engaged in paid jobs. At the time of study two young females were traffic police sub inspectors, four were serving in Punjab police, six were staff nurses, 15 were teachers in private and government schools and one was a lawyer. According to my key

informant people accept female in these role. In the village female job in private and public sector is no more a matter of shame.

### 2.5.2 Agriculture

The agriculture land of the village is rain fed, crops depends heavily upon the rains in both summer and winter season. Minhas Rajputs are the original settler and the land owner of the village, almost every household has their agriculture lands and are engaged in farming. Other than Minhas Rajputs Kashmiri Mughals also have agriculture lands and cultivate their lands regularly. Few families of Minhas Rajput's have large lands but they are not cultivating their lands as their male members are working abroad or doing jobs in public sector. They rent out their agricultural lands on the basis of crop sharing. They took their share at harvesting. In recent years it has become a common practice that these land owners take only a smaller portion of the yield which is required for their domestic use. Two crops are grown in a year. These two seasons are termed as Rabhi<sup>27</sup> and Kharif<sup>28</sup>. For Rabhi season Wheat, barley and canola are the main crops. During Kharif maize, *jawar*, *bajra* are grown. Pulses and peanuts are other cash crops. All the family members participate in agriculture. Male and female both participate in farm activities, previously females had direct and very active role especially in harvesting, but, now majority of the households acquire daily wage labor for harvesting. Though female still have to cook food for male members and the family and laborers working at the fields. Other than paid labor, neighbors and people from bardari in the village come to help during harvesting and thrashing. These individuals are feasted by the owner and reciprocated when they start harvesting and thrashing at their own turn. After thrashing grains are transported to home. After drying, the yield is stored for domestic use and the surplus is sold in nearby markets of Jatli and Doltala. People who are employed in public and private sector jobs, avail the annual leaves for harvesting. During harvesting season the most important task is to secure the crop as soon as possible, as the rains during harvesting can damage the crop. Every important thing is postponed, even common health issues is ignored, till the completion the job.

---

<sup>27</sup> In rain fed areas two rainy seasons were used for cultivation, Rabhi is the end of year rainy season i.e., October and November.

<sup>28</sup> Season of cultivation started June July during monsoon season.



2.5.2.1 Agriculture land holdings

Most of the household have their own agriculture land. Majority of the population had small land holding i.e., 1 to 3 *Kamahn*<sup>29</sup>, because of sub divisions to at every generation. Table below describe the land holding pattern in the area. Some of the families have the agriculture land in interior and south Punjab also, as few members were army officers and they were allotted agricultural lands in Punjab at the time of their retirement. However table below only presents the land holdings in the village which are cultivatable.

Small farmer consumed major portion of the crops domestically and if there is any surplus, retained as seed for the next year or sold locally. However land farmers who have large land holdings market their surplus yield at Jatli adda or in Doltala mandi where buying agents purchase crops in bulks. In recent years due to inflation and shortage of wheat in the market farmers are in good position to bargain and get good returns for their crops.

Table No. 2.5: Distribution of the Land

Size of land holdings	Frequency of households	Percentage
1-3 (Kamahn)	88	50%
4-6	20	11%
7-9	10	6%
10-12	7	4%
13 & above	1	0.5%
Total	126	100%

Source: socio-economic and census survey

2.5.3 Self Employment

Other than agriculture almost one or two individuals from each household are working in public or private sector. Majority of them are serving or have served in the armed forces. Historically people from that region served in Pakistan army. Two of Pakistan army heroes, Cap. Sarwar Shaheed and Swar Muhammad Shaheed belong to tehsil Gujar Khan, which is

<sup>29</sup> Local land measuring term used for acre of land



an inspiration for youth to join the armed forces and to continue the tradition. Other than these two, many contemporary senior army personnel like chief of army Gen. Ashfaq Kiyani, Ret. Gen Sawar Khan, who belongs to this area is also a source of inspiration. In addition to Government jobs, many people are working abroad, especially in Europe and Middle East. During recent years many individuals have settled in Europe from where they remit money to their families which is mainly spent on construction of houses and establishment of small scale business. In the surrounding areas some big building are quite visible.

Alongwith agriculture the second major source of income in the village is the transportation. When a person gets retired from Army or return back from abroad, he prefer to buy a public transport vehicle like a Suzuki pick up or carry van. At the time of study 3 households had carry van, used as taxi, 5 households had Suzuki pickups, 16 households had Toyota Hiace vans, 7 households had tractor and Toyota Hiace van both, 6 household had only tractors, 1 household had tractor and Carry van and 1 household had Suzuki pick up and Toyota Hiace van. These all vehicles are used for commercial purposes. This is the source of income not only for the owners of the vehicles but many villagers are also employed as driver and helpers.

## **2.6 Health Facilities**

A number of health facilities are accessible for the villagers. In most health crises people sought help from western medicine. For this both public and private facilities is approached by the individuals. Home remedies is the first choice for the majority of the people. After home remedies the second choice for majority of the people is the charity clinic of Dr Tariq which is adjacent to the village at a walking distance (see figure 1 Layout of the village). This is Muhammad Hussain Memorial charity clinic run by one the residents of the village, who is employed in a Basic Health Unit in neighboring union council Mangot. On working days he attends the patients at charity clinic in evening and on Sundays in morning. The specialty of the clinic is the free service with main focus on mental and psychological issues along with primary health care. However minor surgery is also conducted by visiting surgeons from Rawalpindi and Islamabad. Not only people of the village but also seek help and medication from clinic but the people from many parts of area including neighboring

district of Chakwal seek help and medication from the clinic. In other word that clinic is not only the source of quality service for people in the village but also served as the source of health education. People consult Dr Tariq for medication and advice to prevent the health threats. Mr Ahmad Khan of 40 years of age who was a mason said, *"whenever we have sickness such as cough fever etc. we go to Dr Tariq"*. During field work often people were observed to attend the clinic of Dr Tariq and majority reported that in case of any sickness they sought help from the clinic.

#### **2.6.1 Basic Health Unit (BHU)**

Second resort in case of illness is the Basic Health Unit (BHU) which is functional in Jatli village at a distance of 2 kilometer from Mohra fatima. Almost in every Union Council (UC) one Basic Health Unit is exists. Village Mohra Fatima is the part of UC Jatli, the BHU for the UC is near Jalti village at Chakwal road. This facility is quite accessible by local transportation. No fee charged from patients at the BHU, accept a small token money of Rs. 2/- for entry. BHU is equipped with basic primary health care facilities, including immunization and family planning facilities. One MBBS doctor supervised a Lady Health Visitor who is responsible for antenatal care, delivery and postnatal service along family planning services, a vaccinator who is responsible for immunization of mother and infants. Facility of vaccination is available at center on specific days and in field on scheduled days. National Immunization Day (NID) is operated from BHU after every forty days. Local community based health agents Lady Health Workers (LHWs) also reported at BHU, at the end of every month these worker is supervised by their supervisor along Doctor and LHV. These LHWs also refer patients from community to BHU. BHU is also acted as focal place for TB control program.

#### **2.6.2 Rural Health Centre (RHC)**

People of Mohra Fatima rarely visit the BHU because the access to the BHU from Mohra Fatima is not easy as compared to nearest town of Doltala, people prefer to visit Doltala because they find more facilities at RHC and they can also go to private physicians and clinics at any time. Rural Health Center is more equipped and providing more facilities as compare to BHU. RHC is in nearest town Doltala. Local transport facilities is available to villager to travel Doltala. RHC offered number of health services including x-ray, and

diagnostic center for TB, where suspected patients from adjacent UCs is referred for initial screening and x-ray. Medicines for TB is also distributed from RHC to adjacent BHUs. A medical officer who is MBBS and a female doctor along other paramedic staff like Lady Health Visitor (LHV), Vaccinator and Medical Technician is deputed by the health department. For in-patients 10 beds is available, but patients is retained in ward only for few hours. Medical technician told that we cannot retain patients after working hours as we don't have nursing staff for night to look after patients. On other hand people is seems dissatisfied from the facilities and services available at RHC. An old man said, “ *when it was constructed, they said this will be a big hospital and all service will be available so people donate land for the hospital, but now there is nothing*”. Shortage of medicine is one the reason of their dissatisfaction.

### **2.6.3 Local Quack / Hakeem**

A local quack posing as a herbalist had a small shop at the Bhangali bus stop. he offered cures for almost every health problem, minor and acute illnesses to chronic health issues like hepatitis, diabetes, joint pains and infertility. It was observed that the trend of using his services was very limited. Most of those who visited herbalist were not satisfied with his diagnosis and treatment. One of our respondents Mr Sohail Aziz who was of 41 year old, said, “he diagnosed same sickness for everybody no matter what the symptoms were”.

In recent years due to advancement of western medicines and more awareness among rural communities these fake Hakeems is rarely consulted. In few diseases, where western medicines have no proper solutions yet, like Hepatitis C and B, people consider qualified hakeems as a last a resort.

## Chapter 3

### LOCAL PERCEPTION OF HEALTH AND ILLNESS

This chapter deals with concepts of health and illness, specifically how locals of village Mohra Fatima perceive health and illness. World Health Organization defines health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” This is the broader sense of health, however our focus in this study remains closer to the local context and the community that what are their concepts and beliefs about the health and causation of illness. What are the commonly used curing strategies and what sorts of techniques are employed by them to maintain health?

#### 3.1 Concept of Health

Before exploring health related behaviours it is important to understand the prevailing aetiologies of community members of Mohra Fatima. What is good health for them as perceived by themselves? How people define health and how they recognize and interpret the symptoms? Although health is defined as a state of physical, social and emotional well being the Local concepts of health and illness are different from the standard definitions of health. In the community, people define health on physically identifiable signs. As Michael (2005:1) stated,

“Health is something of an enigma. Like the proverbial elephant, it is difficult to define but easy to spot when we see it.”

Most of the respondents believed that the proper functioning of the body because of which an individual can perform normal activities, like household chores, is considered healthy. General appearances such as a healthy body and face, is believed to be a sign of good health. People believed that one should not be fat nor very weak. A 50 year old retired government employee who lost his vision few years back and now stays at home defines good health as:

*“Mery hissab si sehtmand wo hai, jis mai proper khon ho, uski body achi ho mooti na ho ziyada na bohat kamzor ho, bohat ziyada kamzor log be tek nai,*

*mooty bandy mai sugar wagharia hoti hai, banda dirmyana sa hona chaley,*  
*thakawat mehsoos no ho...*”<sup>30</sup>

He defined health mainly on the appearance of an individual. In his opinion healthy person is one the one who has a reddish complexion balanced physique with normal weight and an active individual is to be believed healthy. It was observed that general physical appearance of an individual is the prime indicator which defines the health status in the village.

In the community people define health more or less in the same way as been quoted above. Physical appearance is the prime thing to label an individual as healthy or ill. A daily wage labor from Mistrian ni Dhoke who was 38 years old said,

“The person who is physically active is much healthier than a person who is simply overweight.”

A physically fit and an active individual is believed to be healthy. Some of the commonly perceived indication of health and illness in village Mohra Fatima are as under;

**Table No. 3.1: Indicators of Health and Illness**

Health	Illness
Healthy face i.e., radish face	Pale face
Physically active	Fatigued
Medium weight	Very weak or fat
Normal appetite	Abnormal appetite

*Source: Socio economic census and survey*

In the village Mohra Fatima irrespective of functioning of the body organs or bio medical conditions, people classify health and illness according to physical appearance such as healthy face, normal appearance with normal appetite and one can perform his day to day activities. Ill health is first recognized by physical appearance and improved signs are believed normalcy.

<sup>30</sup> In my opinion a healthy is one who has proper blood, has good physique, one should not be fat or very weak as those who are fat might develop diabetes etc. one should be balanced and should not feel fatigue.



### 3.1.2 Significance of Health for the People of Study Area

Importance of health is universal. For the people of the village Mohra Fatima health is important to meet their obligations in daily life as they have a lot of dependence on physical activities. During field work many individuals were found to be conscious about health. People of the village believed that physical activities, nutritious food and simple life style is the key to good health. Dairy products such as milk, *dessi ghee* (clarified butter), meat, fresh fruits and vegetables are believed to be the foods that are good for health. They have lot of physical activities in their daily life. Other than farming activities, many male members are engaged in daily wage labour which also requires physical fitness. People had shown concern to maintain their health. As discussed earlier food is believed the main source of good health. Majority of the male members prefer foods with protein and fats. Dairy products like milk, *dessi ghee*, butter and butter milk are preferred along with meat and eggs. Few male respondents believed that male required more nutritious food as they have to work hard in the farms and at labour intensive jobs. It was observed that in the village it is generally believed that males required more food as compared to females. However few people of the village also realized the importance of female's health. One respondent who had been working in the Middle East, said,

“both male and female needs equal amount of nutritious food as in our farming activities a lot depends upon females”.

Health is important for the people to perform their responsibilities at home and at work. Community is well aware about the importance of health facilities and provision of health services in the area. Local people had donated the land for the construction of Basic Health Unit in Jatli and Charity clinic is also funded by the local influentials. Mr. Zameer who is 51 year old and he is a very healthy and active person. He had been working as a driver with one of the CMH (combine military hospital) doctors. He stated that,

“ I take very light breakfast in the morning and eat less to keep myself fit”.

Similarly a housewife Imtiaz Bibi expressed here awareness about health issues and said that she prefers to use cooking oil instead of *Banaspati Ghee* . She believed that *Ghee* is not good



for the health of her family. People make efforts to maintain their health and a common proverb stresses on the significance of health, as an old farmer said,

*“Jaan hai tu jahan hai”<sup>31</sup>*

It was observed during the field work that people want to be healthy and made efforts to maintain their health.

### **3.2 Concept of Illness**

The concept of illness is different in different cultures; a symptom or condition is labelled as illness in one cultural setup while other considers it normal. This is the culture which shapes the concepts of individuals and tells them how to perceive and experience the external world and how to express their feelings. People of the village believed that mal functioning of the body, general weakness, weight loss, pale face, are the common indications of ill health. If the general appearance is sound, one is considered healthy. According to Dr Tariq who is running the charity clinic,

“In villages depression, anxiety or mood disorders are not considered illness until and unless some psychotic symptoms were recognized.”

Headache, body pain, cough or fever are not considered serious threats to health and not paid serious attention is not paid to such symptoms. One is recognized as ill only when one is unable to perform his/her role and has notable changes in appearance such as a pale face or visible weight loss.

#### **3.2.1 Recognition and Interpretation of Symptoms**

If a person seems healthy in appearance irrespective of his ability to perform his responsibilities he is not considered ill, unless and until he is labelled ill by health professional or his/ her general appearance such as pale face, change of colour of eyes or visible weight loss is noticeable. Mr Akhlaq Hussain the key informant once suffered with TB a few years ago, explains to us the story of his illness when he was diagnosed with TB. He said,

---

<sup>31</sup> Health is wealth

*"Muji khansi hoti thi paseena aata tha, raat ko neend nahain aati thi muji mehasoos hota tha key muji is qisam ki koi bemari(TB) hai, mai ne doctor sahib ko check karya unhon ne kaha ye(TB) khandani bemari hai tum mai nai ho gee. Behar haal unhon ne tyfiede ki dawayan di magar tek nahin howa phir pindi private doctor key pas gya x-ray howa sary test howy phir pata chala TB hai..."<sup>32</sup>*

At first level, when a sufferer feels something unusual and uncomfortable he starts to perceive and recognize the problem and interpret it according to his view of the world and what he has learnt from the environment in which he lives. He feels the body changes and functionality and consults some family member, friend or a local health care provider. His personal experience, knowledge, family members and friends influence what to do to normalize or eliminate the symptom. At second level an individual recognized as ill or abnormal when, significant others around him observe notable changes in his body or physical appearance. For example a person with yellowish eyes is recognized by the family or friends as symptom of jaundice. At third level health care provider recognized the illness, when a person presents him his discomfort or any problematic state. What the curer recognized depends upon his back ground, either professional or folk. In village Mohra Fatima people consult or sought help mainly from professional health care, when they felt serious symptoms or discomfort. At different level symptoms were diagnosed by different people differently. For example, initially cough is diagnosed at home as a result of cold or having sour food where as in primary health care it is often treated as infection. In recent years almost every RHC offers the facility of Tuberculosis diagnostic. Local Lady Health Workers in the context of the village has very significant role in recognizing illnesses especially TB, they facilitate anybody for proper examination at health centres who had symptoms of the illness.

---

<sup>32</sup> I had cough and perspiration, sleeplessness, I felt that I had some disease like TB, I went to doctor he said it is a hereditary disease and you not suffering from TB. He administered medicine for fever, but no improvement so I went to a private doctor in Pindi, after x-ray and examination TB was diagnosed

3.3 Illness Causation

These concepts are based on the beliefs about illness and its causations. For the locals this belief will make sense of what is the cause of illness, what happened to someone and how it is linked with the health outcome. These concepts are broadly divided into two main theoretical backgrounds as Murdock ( 1980:8) said,

“A basic dichotomy is between theories of natural causation and theories of supernatural causation. Since medical science does not recognize the validity of supernatural causes, their classification depends exclusively on the anthropologists. For theories of natural causation, on the other hand, primary reliance must be placed on categories recognized by medical science, and the anthropologist’s role is confined to ordering them in a framework suitable for comparative analysis with least possible distortion of their scientific accuracy.”

The prevailing concepts about the causations of illness of the community can be categorized into both natural and supernatural paradigms. It was observed that at the same time people consider multiple reasons for ill health. An individual believed that magic, evil eye, curse of supernatural, hot and cold imbalance, invasion of germ or injury can damage health. People perceived certain illnesses caused by supernatural causes and some are believed caused by naturalistic reasons. Common illnesses like flu, fever, cough are normally believed to be caused by cold, but illnesses like TB or any other chronic disease is sometimes believed to be caused by magic or by supernatural. The table below shows some of the common illnesses and their causes.

Table No. 3.2: Illnesses and Causes

S.No	Illness	Natural Causes	Magic & Supernatural Causes
1	Flu, fever, headache	Hot & Cold imbalance, germs	

2	Body Pain	Weakness, aging, Hot & cold imbalance	<i>Taveez</i> (amulets )
3	TB	Germ invasion of the body, lack of sufficient food, heredity	<i>Jadoo</i> (magic), , germ through a patient of TB, Devine punishment
4	Hyper tension, Diabetes & heart attack	Improper food, obesity, luxurious life style, lack of physical activity, heredity	Devine punishment
5	Malaria	Mosquitoes, pollution	
6	Joint pain	Aging, heridity	
7	Arthritis	Heredity	
8	Stomach problems	Improper food, poor hygiene practices	<i>Jadoo- Taveez</i>
9	Liver disease	Contaminated drinking water, hotel food consumption	
10	Skin problems	Poor hygiene	

---

*Source: In-depth interview, field notes and observations*

Though western medicines gives more logical explanations but these concepts have an internal logic and consistency. Individuals in village relate their self with the socio-cultural and physical environment. They have a set of explanations about anything that has happened to them. Physical or supernatural forces have responsibility for any pain or the imbalance of hot and cold. All these beliefs played important role in shaping behaviours of individuals of that community. These aetiologies are placed on concepts of illness causation and beliefs on four domains. Sometimes these concepts overlap each other, which will be discussed in detailed. Four areas are categorized as;

- Individual is responsible for illness.
- The natural world
- The social world
- The supernatural

A detailed discussion is presented below on each of these four domains.

### **3.3.1 Individual is Responsible for Illness.**

People locate the cause of ill health within their self. Reason of health problems is believed to lies with the individual. An individual is believed responsible for illness in number of ways such as carelessness; imbalance of hot and cold or improper diet and in all case individual is responsible. In Mohra Fatima common concepts about the causation of cardiovascular disease, hypertension and diabetes are believed to be lack physical activities and inappropriate diet. Majority believed that individuals have responsibility of illness. One local farmer said,

“Though illness is from ALLAH but individual has more responsibility”.

Man is believed to have some degree of control over his life and he can remain healthy by adopting a healthy life style. One respondent said that the food consumed by people has led to sever consequences like heart attack and hypertension. In his opinion the general trend in the village of consuming more dairy products is harmful for health. By consuming proper food one can avoid illness. If one would not be careful about diet and its quality he cannot

blame fate or the supernatural. People have firm believe on fate but they still believed that they had partial control over their doings. A respondent said,

*“koi ALLAH ne naseeb mai likhi hoti hai or kuch banda ehtiyat nai karta”*.<sup>33</sup>

It is generally believed that illness is the result of the carelessness of an individual, though ALLAH has the ultimate control over everything. Some respondents believed that everything predestined and they don't have any control over it, but this concept is not very much prevalent as the majority believed that an individual can prevent illness by adopting appropriate life style and consuming better food. The current research presents following individual level factors believed to be responsible for health problems.

### **3.3.1.1 Unhealthy Diet Consumed By Individuals.**

Food is considered the most important aspect related to health and illness by the locals. It is also considered as the prime source of prevention from disease and good health. Poor or inappropriate diet is believed as one the reasons of illness and common diseases to chronic health issues are linked with the food people consume. The individual is responsible for what he consumes, in what quantity and of quality. One should be careful about the food as Mr. Akhlaq hussain one of the key informant said,

*“doodh malai wala peety hain, parathy ziyada khaty hain chaey mai metha ziyada daal kar peeain gay, is si sugar ziyada ho ge, banda mota ho ga, cholesterol ziyada ho tu heart attack ho ga”*

“People use creamy milk, *prathay* and sweet tea is often consumed, which causes diabetes and obesity and raises the cholesterol level which results in heart attack.”

In all aspects the people of the village had related food with health, either positively or negatively. Consumption of healthy food ensures the health but the negligence in the use of food i.e. is consuming foods which contain fats and sugar is believed the source of illness.

---

<sup>33</sup> Something is prewritten and for something man is responsible



Provision of quality food is not merely the responsibility of an individual but is the responsibility of society, but people mostly considered the individual to be responsible for what he consumes.

Health is associated with diet by all cadres of the village. Most of the people considered Oily foods, sugar and cold drinks as the main reasons for diseases, like, hypertension, cardiovascular diseases, diabetes and obesity. A retired army man who is now doing farming, he said, "Sugar is the source of illness it should not be consumed". Majority of the respondents said that they are conscious and careful in the use of diet, especially oily foods.

The trend of consuming more prepared foods and products is common in the village. During field work, researcher was often offered cold drinks during household visits and interviews. Although bottled are not easily available but still considered to be the more appropriate and prestigious way to serve guests. These cold drinks are also used as an home remedy for gastric problems and abdominal pain. Children consumed more sub standard sweets and junk foods that are available at local shops. Domestic produced food items like milk is sold for economic earning. Due to general price increase it is difficult to manage livestock without earnings from them. The cost of domesticating live stock has also increased as the fodder and the price of animals has increased in recent years.

One respondent said,

*"Ab log dhood beach daity hain hum lassi peety thy makhan khaty thy"*<sup>34</sup>

### **3.3.1.2 Personality**

Personality is another individual level factor, which has relevance with the health. Some people are more conscious and careful for health and others may not be careful. Some handled their problems smoothly while others got stressed. Some of the respondents showed more concern about their health while others have taken it for granted and believed that extensive physical work keeps them fit. One of our respondents who was retired from Army Medical Core had shown very much concern about his health. He said,

---

<sup>34</sup> Now people sale out milk, we used to consume butter milk and butter.

"I get up early in the morning, to keep myself fit I don't take heavy breakfast. I eat less than my hunger, never sleep after eating and have regular walk".

He showed lot of concern for his health and made effort to maintain his health. As Oppose to this there were individuals who were not concerned about their health. One mason who was 40 year old from Mistrian ni dhoke said,

"I don't care about food whatever it is, I eat anything available. if health was granted me by ALLAH I don't have any need for such efforts".

It was observed that individual who are not, or less receptive to other's advice or new information showed different behaviours towards health. Another personality characteristic is how one can manage psychological stresses as some individuals are more resistant to stress. Those who are very ambitious might got stressed, as Mr Younus said,

*"Zamana tezi ki teraf jar aha hai, tension ki waja si, ehasas kamtari, blood pressure mout ka sabab banti hai, ye tension nai nasal ki hai ye kehty hain aasman par pounch jain."*

The people who are more ambitious and reckless develops stress which leads to other health problems.

### **3.3.1.3 Poor Hygiene**

Personal hygiene is considered very important for good health. It is generally believed that unhygienic conditions can cause illnesses and majority of respondents stressed on personal hygiene. One of the respondents Mr Zameer Akhter who was 51 year old had served in army medical cor as driver for 11 years and had spent most of his time during his service with doctors, had this to say about personal hygiene;

*"Garmiyo mai jab hafta hafta nahin nahain gay tu jarseem tu hon gay, bahir si aayian gay khoti pakri hoi hai unhie hathoo si khana khain gay, log saaf suthra mahool nai rakhty"* <sup>35</sup>

---

<sup>35</sup> When they do not take bath for many days, obviously they would have germs, they came back after handling animals they starts eating without washing hands, people do not observed hygiene.

People who believed in western causation concepts were observed as being more conscious about hygiene. They relate illness with poor hygiene and surrounding environment. At every level either personal or at communal, hygiene and clean environment is important to prevent health problems, like malaria, diarrhoea, hepatitis, skin diseases etc. One of our respondents who was an old farmer said,

*"Aik aour masla ho gya hai, ye jo latrine hai, ab ho gai hai ye saaf nai hoti is si jaraseem niklty hain, sheron mai be bohat latrinain bani hain wahan par be bemariyab bohat hain".*

He thought that latrine inside the premises of home could be reason of spread of illness as they are not kept clean. He thoughts that the higher incidence of diseases in urban part of the country was due to improper latrines.

#### **3.3.1.4 Life Style**

In all societies people share certain values and adopt a life style. People of the village give importance life style for good health. They believed that changing life style is responsible for health problems. People had adopted a luxurious life style. The causes of diabetes and cardiovascular problem were believed to be less physical activity and heavy food consumptions. An old man said

*"Nakama bethny si be kafi bemarain aa jati hain".<sup>36</sup>*

It was very common believe in the community that physical activities such as walking, manual work, farm activities and household chores are the sources to remain healthy. Another respondent said that since the tractor has taken over a lot of physical work they spent more time at home and had fat rich foods.<sup>36</sup> Majority of the families had agriculture land, but they were not actively involved in agriculture. Machinery like tractors, made their job much easier. For harvesting a new trend was observed that majority hired labour for harvesting and other farming activities.

---

<sup>36</sup> Laziness is the cause of a lot of illnesses.

Majority of the people also believed that the change in life style is the source of serious illness. In recent years people explored more sources of earnings, through jobs, transportation and foreign services. Availability of more economic resources had brought change in life style, food etc. One respondent said,

“People have enough money, after watching TV they are attracted towards different food shown in the commercials.”

It was observed during field work most of the youth were unemployed and spent most of their time in unproductive activities. A respondent showed his concern over the issue,

*“No jawan jitney hain soye rehty hain, government ki teraf si koi rozgar tu hai nai, maan baap kia karain.”*

They complained about the youth that they were not responsible and active. They also blamed government for unemployment.

### **3.3.1.5 Smoking/ Alcohol Consumption**

Smoking was quite common in male members of the community irrespective of age. Among females *huq'qa / chilym*<sup>37</sup> was used. Different opinion was found among respondents about the seriousness of smoking and its inverse impact on health. Though majority considered smoking as harmful for health but some locals also considered as being alcohol is threat to the health of youth. It was considered harmful not only for moral reasons but also for health it was considered harmful. A retired army personnel who was the father of a young boy said,

*“Dehatoon mai sharab bohat ziyada ho gai hai, hakumat ka koi control nai, paisy hoty hain la k pe laity hain”*

People of the village, especially the parents of young boys were very much concerned about the increased trend in drinking. That was believed to be amoral threat as well as a serious threat to health of youth. Alcohol was believed harmful and a destroyer for health of youth. Another young boy said,

---

<sup>37</sup> A traditional method of tobacco use, a pot with water, smoked through a pipe or straw

*“insan ki kuch apni ghaltian hoti hain, sub si pehly nasha hi, cigrate naswar,  
chars, shrab sehat kharab karty hain, banda bilkul sookh jata hai”*

Smoking, alcohol and use of drugs were considered the destroyers of health. Majority had awareness about the damages of smoking to health. Despite the fact they had very good knowledge about the inverse impacts of smoking on health, they are addicted to do smoking. A respondent said,

“ I know how many of arteries are damaged with smoking but I can't quit smoking”.

Generally smoking and drinking are believed the destroyer for health and that society and individual are both had responsible for such problems. Society is responsible, especially the government authorities were believed to be responsible for enforcing rules and regulations whereas the individual is responsible for consuming these substance.

### **3.3.2 The Natural World**

Causation of health problems is identified with natural world. Where individual is not merely responsible for illness but the outer environment play an important role. Although individuals are responsible for the damage to the environment. People in the study area believed that safe and healthy environment is important. An old man said, that for good health a pollution free environment is pivotal. “Environment should be neat and clean”. There were multiple factors in the natural world believed and a few factors are discussed by the respondent are presented here.

#### **3.3.2.1 Environmental Irritants**

Physical environment was considered very important for healthy life. Pollution free air and surroundings were considered the source of good health. One of our respondents said, “village life is better for good health and good environment. “ there is an awareness that environment caused multiple illnesses, seasonal variation and excessive number of pollens in the air can harm individuals.

### 3.3.2.2 Harsh Climatic Conditions

In the study area both summer and winter were harsh. It is very hot in summer and similarly very cold in winter are harsh. Both conditions were believed harmful for health. Hot summer caused heat stroke and fever while the main cause of chest infection and pneumonia, especially among children, was believed to be extreme cold. Specific epidemic were also reported in specific seasons and diarrhoea was quite common health problem in children. One grandmother said,

*“Bacho mai nazla zukam ya tand lag jana aam hai, bachy ko tand si bachain tu usy kuch nai hota. Garmion mai jab bacha garam ho ga tu pani piye ga tu bemar ho ga.”*

Concept of hot and cold were very common. For cough, fever and flu, cold was believed to be the main cause specially the infants were believed to require special care in both hot and cold climatic conditions. People made a conscious effort to avoid cold and heat. Children were kept warm during winter to avoid cold and Special foods were taken in winter. Incidence of diarrhoea increased in summer rainy season as the environment became more conducive for germs. Waste water in streets was also believed to be the source of illness.

### 3.3.2.3 Insects (Flies and Mosquitoes) Cause Illness

Mosquitoes and flies are also considered source of health problems. Village lacks the proper sanitation system and sanitary water from all the streets flows into a pound of water in the middle of the village. That polluted water was the source of mosquitoes and flies, which spreads the epidemics. Local people were aware of the issue and considered it as a source of illness,

*“Due to seasonal change and because of pollution growth of mosquitoes increases which causes illness like malaria, TB, diarrhoea vomiting etc. these are common seasonal health problems”.*

During field work dengue virus was a threat to health in other parts of the country, which made people more conscious about the mosquitoes.



#### **3.3.2.4 Aging and Health Problems**

Aging is natural process of human life cycle. Health problems in old age were considered natural. General believe was that these problems are due to elderly age not of other malfunctioning of the body organs. Most of the times in old age people were not looked after and were not given proper food, which adds up to their weakness and caused illness. One respondent said,

“When a person grows older his health and diet are not properly looked after”.

People of old age were not cared for properly and the required attention and nutrition is ignored.

As observed, It was believed that a person became weak due to age factor and that health issues were because of old age, therefore proper care and provision of health services were ignored. One respondent said,

“In old age symptoms are not taken seriously, proper examination is not conducted and his cough is likely to be associated with his age.”

Aging was natural phenomena for the people. The life cycle of an individual completed at the death of a person. Death in old age was more acceptable as compare to a person who died in young age.

#### **3.3.3 The Social World**

Aetiologies are placed with social world as well where social environment is considered responsible for health related problems. These causations are divided into two main domains first where some external agent intentionally harm health and the second aspect where no intentional action has been taken by anyone to damage somebody's health but it still causes illness or discomfort.

##### **~~3.3.3.1 Social Structure and Heredity~~**

Some diseases are prevalent in some families. Due to interfamily marriages these diseases are transferred to the next generation. In general people had believed that some diseases are visible in some families as every generation acquired these problems through heredity. They

believed that this was because of inter marriages as one respondent an old farmer who also served in armed forces said,

*"Aik family mai raisha ki bemari kafi hai, wo aik he family mai shadi karty hain".*

People had believe that some disease are prevalent in particular families and transmitted to next generation because of inter marriages. In the other hamlet next to main Mohra Fatima village, Kashmirian ni dhoke, there was a family in which three family members had passed away due to TB. One respondent told us that they had this family problem and inherited it from generation to generation. Despite this fact people still prefer to marry within the family and cast, which is the cause of illness

### **3.3.3.2 Magic as Cause Illness**

People in general had believed that magic can harm or create discomfort or can cause severe illness. People with mal intentions could cause harm through magic spells or rituals. Almost all the respondents said that they don't deny the applicability of magic for health. Most of the beliefs of the community of Mohra Fatima had some justification or reference by religious script or myths. As one respondent said,

*"Jadoo chalta hai hamary RASOOL (SW) par be jadoo hawa."*

Such type of myths reinforces the belief about magic. Same is the case when belief about magic is discussed. The most common response about magic is that, magic had impact on our Prophet (PBH) so it is a reality. One respondent told,

*"dekhain na jee jaado tu bar-haq hai, hamry NABI (SW) par bi tu jaado howa tha"*

*"Look magic is a reality, magic had impact even on our Prophet (PBH)"*

Almost everyone had similar opinion about magic. Even one of our very educated respondent who have a master degree in two subjects and had once had Tuberculoses (TB), said that when he was ill it often came in his mind that may be someone had cast spell to make him ill.

*"Mai parha likha bi hon magr jab mujy TB hoi thi tu mai samjta tha key shaid kisi ne muj par jadoo kia hai..."*

"I am educated but when I had TB I had thought that someone had cast magic spell to make me ill."

Some community members were suspected to practice magic. A young boy said that one day he had an encounter with a person late in the night who was burring something in grave yard. He suspected that this was a magic ritual. Some of the Islamic scripts enforced the beliefs about magic. The standard rituals to avoid magic not only a prevention but important in shaping concepts of individuals. As Ibrahim et al. (1985:44) reported Mohd. Taib Osman,

"some of the texts on Islamic magic are still today regarded as *kitab*, a term usually reserved for religious books. One of the most celebrated works held in high esteem by the Malay peasantry is *Taj-ul-Muluk*, which is often regarded as a standard reference for Islamic magic. Besides magic, *Taj-ul-Muluk* also contains chapters on curing illnesses."

#### 3.3.3.4 Evil Eye

The concept of evil eye is also very common and different rituals were performed to avoid evil eye. Not only in case of health but also in general life, belief about evil eye is very common. In the study area it was observed that people hung an old shoe with their vehicles to avoid evil eye. Before praising anything or anyone the words "*MaashaALLAH*" is commonly used to avoid evil eye. These words were seen on vehicles and on buildings as well as on shops to avoid evil eye. These traditions showed that the concept of evil eye is deeply embedded in the culture and how it is supported by religion. A black dot is put on the face of a child to avoid evil eye. If any one looks admiringly or with jealousy at anything beautiful, be it an object or human or animal, it can be affected by the impact of evil eye. There might not be any mal intentions on part of the person who had seen it but the admiration could damage it. According to locals evil eye affects when someone seems to be beautiful, healthy, wealthy, intelligent, smart, or a blessed one.

### **3.3.3.5 Epidemics/ Germ Invasions**

Western aetiology of germs invasions is also a part of the local belief system. Epidemics or invasions of germ into body were believed to be the cause of ill health. Initial symptoms made people conscious about illness. People had basic information about the diseases through media, TV, radio etc. One respondent said,

“Cough and flu is quite common, during cough one should be careful, in case of prolonged cough for 2, 3 weeks he must be examined, but people do not go for test”.

People of the village were well aware of communicable disease, like TB, they were careful while interacting with TB patient. One respondent said,

“Milk should be boiled for 10 minutes before consumption, it kill all the germs”.

This not only showed their concern about health but the knowledge they have. They also had westernize concept of illness causation i.e., invasion of germs.

### **3.3.3.6 Stigma Attached with Communicable Diseases**

It was observed that generally people avoid visiting patients of TB. It was also reported that in case of such health problems people do not disclose to other people about their disease. The stigma attached with such diseases led to delayed diagnoses and treatment. Pamala & Lubkin (1980:45-46) stated,

“there are special circumstances in which stigma can be perceived with enhanced distinction. Individuals who lack a fully-developed sense of personal identity and who are reliant upon external sources to reinforce their internal sense of worthiness may be uniquely prone to a sense of stigma. Adolescence can be used as an example. There are aspects of society that tend to be highly valued by individuals, and when that society communicates stigma, the stigmatizing beliefs are uniquely powerful. Religion and culture are examples, as well as issues concerning self-infliction and punishment.”

Especially in unmarried women, it was observed that in case of TB family avoid disclosing it to others because of two main reasons; expected problems in settling marriage and social avoidance and discrimination.

Diagnostics and treatment facilities for TB is now available at primary health care level without any charges and local Lady Health Workers facilitate suspected individuals for screening. But people ignore the early symptoms because of the stigma attached with the disease.

### 3.3.4 The Supernatural World and Superstitions

Supernatural world is also believed to be the cause of illness, mainly in two respects. First trial by supernatural and second Divine punishment. It is generally believed that the supernatural beings puts his creation on trial to test their faith. That trial can be a physical problem or illness as well as the financial loss or misfortune. Every problem is believed to be a trial, one should be patient. It is believed that people who were liked by the supernatural were puts in to difficulties to test their faith.

Disability or defects at birth or some illnesses were believed as punishment from supernatural for their deeds. People were punished when they violate the basic religious laws and do not full fill the basic obligations. If a person had income from illegal sources or was cruel to any creation he would be punished by the supernatural. One respondent said,

*“Ghunha ka tasawar be hota hai, baz oqaat kisi key sath ziydti zulm karta hai ya haaram ki kamai laata hai tu us si koi maseebat aa jati hai. Aik banda custom mai kam karta hai log kehty hain wo rishwat leata hai is liy us k bachy maazoor paida hoty hain”*

“Thoughts of sin were also there in the mind, some times someone who has being unfair cruel to others or had illegal (*haraam*)<sup>38</sup> income which bring some difficulty. There is a person who is working in custom department, people says he accept bribe so that’s why his children are born with disable.”

---

<sup>38</sup> Anything contradictory to basic Islamic teachings was considered haraam

People think that their illness might be a punishment by the supernatural for some negligence in full filling of religious obligations or punishment of their sins.

#### 4.3.4.3 Jin

In supernatural world the concept of *Jinn* was also observed in study area. The existence of *Jinns* according to Islamic doctrine is confirmed as ALLAH said "He (ALLAH) created man (Adam) from sounding clay like the clay of pottery. And the jinns did He create from a smokeless flame of fire."<sup>39</sup> Few people believed that *Jinn* can harm someone through invasion into the body of individual, but the concept *Jinn* invasion into body is now very rare. People realized that the associated problems were caused by some other reasons. Those who believed that the health problem is due to *Jinn* or body possession, visited shrines and consulted faith healer and sought cure from shamanistic therapies.

#### 3.3.4.4 Saya (Possession by Evil Sprit)

The concept *saya* is also present. Females in particular believed that says can affect their health and during pregnancy and post partum period mothers are very care full. A knife or Sesser is kept under the pillow of the new born and mother to avoid *saya*. Movement of mother in pregnancy and during post partum period is kept restricted. Pregnant mothers are supposed to avoids the encounter with other pregnant mothers during pregnancy to avoid *Saya*. If any infant is affected by *Saya* he showed growth retardation and is treated with rituals which varied from village to village and sometimes household to household.

### 3.4 Sources of Prevention Practiced in the Community

Beliefs about preventive behaviours of the locals were placed upon the accepted aetiologies in the community. People exhibit preventive behaviours according to their beliefs about the causation. illnesses perceived to be caused by cold would believed best avoided through preventive measures, such as avoiding cold foods and cold conditions or by consuming herbs and foods having hot characteristics. When perceived cause of illnesses is by supernatural

---

<sup>39</sup> *Ar-Rahmaan 55:15, 15, Holy Qur'ran*



authority, rituals are the first choice to prevent discomfort and pain. Another interesting relation which was observed that people who believed in biomedical causation also believed in performing ritual to avoid illness. They believed that ALLAH has ultimate authority over anything in the universe. Along with prescribed preventive measures, like checkups, usage of nutritious foods, healthy life style and hygiene prayers and *Sad'aq* are the best way to avoid diseases. One respondent said, “*Sad'qa balaon ko tal'ta hai*”. Rituals like *Sad'qa* and prayer were believed to preventions all sort of causes of illness and problems. Preventive behaviours took place mainly under two domains; food and rituals.

#### **3.4.1 Relationship of Physical Activity, Food and Health**

Healthy life style and healthy food is considered best prevention against diseases. Majority of the respondents believed that physical activity is the source of good health. Anyone who has some physical activity had a belief that he will remain fit and healthy due to his hard work. It is believed that physical work and perspiration keeps the body healthy. Certain foods were believed good and healthy; that ensure good health like milk, butter, meat, dessi ghee, vegetables and pulses. People define good health as being dependent on the consumption of good foods. Similarly variation in foods is prescribed according to seasons. In winter more foods with hot characteristics, more protein and fats are preferred, and in summer more water and drinks like butter milk (*lassi*) which were believed cold foods were preferred to prevent illness. Along with appropriate food, physical activity is considered more important by majority of the respondents. Life style with physical labour is believed as a source of prevention, as one of our respondents, who is a 70 year old man and still engaged in farming activities said,

“*nakama bethny si bemarian lag jati hain*”.

Physical activity is considered must for health. Another daily wage labour from Mistran ni dhoke said,

“we work the whole day, have lot of physical activity, we digest whatever we eat so we do not have any illness”.

It is believed that if you had lot of physically hard work you eliminate the negative impacts of foods.

### 3.4.2 Religious rituals

Rituals are believed to be the source of prevention. Certain rituals were performed to avoid illness and misfortune. Beliefs about *sad'qa* were found to be very strong as it is backed by the religious scripts. People believed that *sad'qa* is a the source of prevention for all sorts of misfortune and troubles. *Sad'qa* is given in shape of cash, food, or meat of an animal, distributed amongst the to poor. Not offering proper prayers is considered a cause for illness, Waqas who is 27 year old, he said,

*"jo banda namaz nai parhta, beshak koi ghalat kam be nai karta, gar ka kam karta hai ya koî nokri, us key zehan mai koi soch par jaye ge wo sochta rahy ga aour usy zehni tension ki bemari lag jaye ge"*

Individuals who do not offer prayers, even if they avoid misdeeds were believed to be vulnerable to illness and discomfort. Religious rituals not only prevent illness by supernatural means but blessings of the ALLAH are believed to be the source of prevention from communicable diseases and accidents.

## Chapter-4

### REMAINING HEALTHY: SOCIO-CULTURAL FACTORS

In every society people take certain preventive measures to remain healthy and seek appropriate cures when they fall ill. It is the social and cultural environment which tells us what to do to remain healthy and what is the best way avoid or cure any illness or discomfort. Culture has great influence on all aspects of life including health behaviours of its individuals. Culture is a set of guide lines to observe, think, interpret and act upon. With the variation in culture these guide lines vary accordingly. Helman (2007:2) said,

“culture is a set of guidelines (both explicit and implicit) that individuals inherit as members of a particular society, and that tell them how to view the world, how to experience it emotionally, and how to behave in it in relation to other people, to supernatural forces or gods, and to the natural environment.”

These cultural guidelines also have strong influence on health related behaviours. People recognize and interpret the symptoms according to the knowledge and concept they inherit from the cultural environment. Similarly people of the village Mohra Fatima perceive and interpret the symptoms according to their world view and knowledge they have acquired from their family, other community members, health care provider and through media.

Health behaviours have a wide range. They are mainly categorized into preventive, sick role and illness behaviours. Morrison ( :222) discussed the common traditional practices prevalent in south asia, stated,

“a variety of traditional treatments exist to rebalance the humours. Most commonly, these are homemade herbal decoctions such as teas made by grinding herbs or spices adn boiling them down in liquids. Specific foods may be used to re-establish bodily balance. Foods in South Asia are classified as “hot,” “cold,” or “neutral,” not in terms of temperature or spiciness but on other grounds.”

For the current study main focus is on preventive and illness behaviours. This chapter elaborates preventive and illness behaviours of the locals of village Mohra Fatima and socio-

cultural factors that determine these behaviours. All their preventive and illness behaviours are based on their concepts and beliefs and the facilities available to them. Before going into further discussion a table is presented below which describe preventive and illness behaviours for certain health threats? The list of these health issues ranges from acute health problems like flu and cough to chronic diseases like TB and Hepatitis. The health problem and related behaviours reported by the respondents are shown in this table.

**Table No. 4.1: Preventive and Curative Practices**

Name of the Illness	Preventive Practices- Before Illness	Curative Practices- After Illness
<b>Infants</b>		
fever	Avoid hot and cold climatic conditions, performing rituals to avoid evil eye, consuming foods according to season.	Home remedies like consuming hot foods, avoiding fan in summer, taking blanket in winter, performing rituals to avoid evil eye like burning sugar or chilies, using paracetamol or similar sort of medication by some family member normally housewife, using allopathic medicine, <i>kehwa</i> <sup>44</sup> , <i>joshanda</i> <sup>45</sup> and steam,
Pneumonia	Avoid cold by proper clothing	Home remedies i.e., use of <i>kehwa</i> and steam, consultation with local LHW and primary care physician.
Phurroin <sup>40</sup>	Mother and infant are not given sweet and asked to use bitter	Consultation with herbalist, home remedies like consuming

<sup>40</sup> A folk illness commonly in infants, believed that caused by consuming sweet food by mother

	herbs mainly <i>Kachoor</i> <sup>42</sup> and leaves of a bush plant <i>Bhekar</i> <sup>43</sup>	<i>kachoor</i> or other herbals which are bitter in taste.
Pechish (Diarrhea)	Infant is given soft foods, mother is asked not to consume foods which take time to digest, proper washing of bottle, avoid bottle feeding, avoid extreme weather conditions,	Use of kehwa, ORS (oral rehydration solutions), consultation with local doctor or LHW
Mallee <sup>41</sup>	Elderly women keep on observing the signs of Mallee, if there is any they consult local doctor	Consultation with local doctor for injection
Injuries and accidents	Infants are looked after properly while playing in court yards and open wells are covered	In case of any injury, choice of using home remedy or consultation with local doctor or approaching nearest town to secondary health care depends upon the nature of injury. Local bone setter is consulted when any joint is dislocated or in case of bone fracture.
Elders		
High blood pressure	Mostly no specific actions with intention to avoid are taken by the majority of the community members to avoid high blood pressure. However, Physical activity, consuming foods with low salt and avoiding foods	Physical activity, consuming home remedies and popular sector remedies like using <i>Lehsan</i> (garlic), <i>Kalwonji</i> (black seeds), consultation with <i>Hakeem</i> (herbalist), homeopath

<sup>41</sup> Black tea or green tea

<sup>42</sup> Herbal tea, now available in instant use form on local shops

<sup>43</sup> A folk illness in new born

<sup>42</sup> A sort of herbal grand and powder is consumed

<sup>43</sup> Locally available herbal, bush like plant its roots and leaves are commonly used as medicine

	which are believed to cause high blood pressure like fat rich food i.e., desi ghee or butter.	or doctor, using western medicine is also common when problem increases and labeled by the doctor.
Diabetes	Before the onset of disease when diagnosed by any health professional no preventive measure are taken, few people in our data reported that they made conscious efforts to avoid illness but in general individuals are not very much conscious to prevent possible health threat.	Avoid sweet food and fruits, consultation with <i>Hakeems</i> , faith healer for <i>dum</i> , and doctors. Using home remedies recommended by the other community members or who suffered from same problem, what they find useful recommends others and they followed it. Using food and herbals which are bitter in taste are consumed. Doctors are consulted but not up to great extent specially in the case of diabetes.
Heart attack	Majority of the respondent reported that physical acitivity is necessary to avoid heart attack and related problems and they believed that their physical labors and farm activities prevent heart attack, avoid food with fats and sugar.	Avoid foods with high fats and sugar, consultation with doctor and secondary care hospital when problem is recognized.
Tuberculoses (TB)	Avoid patients who are suffering from TB, proper food intake, recitation of holy verses and rituals to avoid magic which can cause TB, screening in case of persistent fever or cough.	Consultation with doctor and medication, recitation of holy verses to counter magic which caused TB. Up to some extent some home remedies are used, healthy food is given to patient.
	No specific preventive	Massage and other home



	measures are taken to avoid arthritis and believed to be unavoidable.	remedies recommended by other community members who found anything to be useful, herbalist and other folk curers are consulted, people visit shrines and rub scared stone on their body.
Arthritis		
Hepatitis	Avoid hot and fatty foods, proper intake of drinking water, consuming cold foods in summer, ensuring new blades the use of blade and syringes are avoided and are used when required	Home remedies like using liquids with cold effect, consuming raddish, avoid food with fat, spices, herbal treatment, consultation with <i>Hakeem</i> , consultation with doctor and hospital.
Headache, fever, cough	For common health problem like headache or fever people are not very much conscious and are not engaged actively in any sort of preventive behaviours, Careful in the use of hot and cold food, not to drink cold water when exposed in hot sun, avoid cold and take proper sleep	Most of the time headache, fever and cough is not considered illness when symptom are mild and no curative measures are taken. Home remedies, tea or Kehwa is consumed, or other food like egg or chicken soup which is believed to be hot is taken, self medication is quite common in the locale for such health problems like aspirin and paracetamol which is locally available on village shops are used in case of fever or cough.

---

*Source: in-depth interview, field notes and observation*

There are different modes of treatment and preventions offering their own set explanations to illness and its remedy. In study area three health care systems, popular, folk and professional exist and overlap each other. Despite being a rural area, western medicine is the most common remedy in most cases, either used as home remedy/ self medication or used with the

consultation of a professional health care provider. Other than allopathic medicines people quite frequently use home remedies, self medication and seek help from some folk sector curers. Professional, folk and popular sectors have their own explanation to health and illness and offer different modes of treatment. There is very interesting association between these health care system and aetiologies. Those individuals who had access to western medicine and qualified doctors had different concepts about health and illness, while those who had interaction with folk or traditional curers had different beliefs about health and illness. Vice versa beliefs and behaviours moulded relationship with health care system. For example if an individual had chance to interact with western medicine, the health care system definitely influenced his/her beliefs, which led him/her to a particular behaviour to maintain or regain health. On other hand if a person believed that his/her TB is caused by witchcraft, he seeks help from a faith healer. The explanations given by each health care system influence the concepts and these concepts shape behaviours. Findings of current research presented here explain how folk, popular and professional sector along other socio-cultural factors shaped and had influence on the illness and preventive behaviours of individuals of the village. Before going into the discussion of the determinants of these behaviours, we shall go through the illness and preventive behaviours of the residents.

#### **4.1 Preventive Behaviours**

Preventive behaviours are those actions taken by an individual to prevent illness or pain. These behaviours ranges from life style to vaccination and screening. All preventive behaviours are based on the belief system of the society, availability of services and resources. What people believe; weather they can avoid illness or whether they are helpless, weather health services are available and what price they have to pay. What are the serious threats to health and what problem are believed normal course of life. What illnesses are caused by the some sensate agent and what comes from supernatural forces. The concepts of causation are found very important for prevention, in other words these concepts and beliefs led them to take any appropriate action to prevent their illness. These health behaviours starts with the beginning of the life or in fact before an infant's birth when mother or family members starts to care for infant and mother for safe delivery.

#### 4.1.1 Common preventions for infants

There are different preventions for different age groups. Health problems of infants vary with the seasonal and climatic changes. In winter infants are more vulnerable to fever, cold, flu, Pneumonia etc. To prevent these problems they are kept safe from exposure to cold and covered warm clothes. In winters mothers do not breast feed infants after taking a bath, washing clothes and utensils or after exposure to severe cold. It is believed that in such cases that cold can be transferred to the infant and causes him cold. Lactating mother is asked not to eat food which is hard<sup>46</sup>, spicy or sour because it is believed that the food mother eats will have effect on the child. If mother takes hard food it will cause constipation in infant. Similarly food with lot of spices and chilies will cause diarrhea.

#### Case study:

Disposing off placenta as in many other cultures is very significant. In village Mohra Fatima disposal of placenta is one of the main post birth ritual and a preventive measure to avoid ill health of infant. At the time of delivery some elderly women dispose off the placenta properly by burring it deep into the ground immediately after the birth, at a safe and clean place. It is a general belief that if the placenta is eaten by a cat or dog it will cause illness to the infant and will have a negative effect on the child for his health or can result in *saya* on infant and mother if a barren female gets it. These ritual and beliefs show the concern toward the new born and its importance to the family. In village Mohra Fatima one of the curative measures for baby crying in early infancy is linked with the placenta. When a baby cries frequently, some of the elderly woman go to the place where they had buried the placenta and then proceeds to beat the earth with a stick with the belief that it would avoid the *saya* and infant would be back to normal and stop crying.

All this they learned from their elderly generation through local traditions and folk knowledge and still practicing these rituals along with western medicines.

---

<sup>46</sup> Hard food means that take more time to digest

#### 4.1.2 Folk illness of infants and there prevention

In the study area two main folk illnesses are observed. Malli disease is a health issue in infants believed by elderly women of the family. When green patches are found on the skin of infant or if the infant passes yellowish stools it is believed that he is suffering from *Malli* disease. Infants are carefully observed to identify for any symptoms of *Malli* and if they are found the consult doctor for an injection. As this disease was a new phenomena for the researcher so when a local doctor was asked about it he replied,

“there is no such disease as Malli. The symptoms labeled as *Malli* are normal thing”.

When asked the reason they inject the infant when a family brings an infant for *Malli* injection, he said “we inject him Penta vaccine which is normally due in early day of infancy”.

Second folk illness which is commonly believed is *Phurriye*, a condition when green and blue patches appeared on the skin of the infant, he passes green stools and cries.. It is believed that infant inherit this problem from the mother if she takes too much sweet food or sometimes it is believed that few mother have the characteristics in her blood. Common remedy and prevention is to use bitter herbs by the mother. *Kachoor* is the commonly used herb in the area to prevent and cure *Phurriye*.

### 4.2 Preventive Behaviours of Elders

#### 4.2.1 Food as Prevention

Food is believed to be one of the main sources of prevention for health issues in the village. People consume simple food, with low fats. Local people believe that these simple, low fat foods are a source of prevention. Locals prefer simple food, as Hawaldar Younas related that HOLLY PROPHIT (PBH) as he always liked simple food,

“*Sada khorak achi hoti hai Hamry NABI (SW) sada khorak pasand karty thy*”.

Simple diet is observed in the village and almost all the respondents reported a very simple diet pattern; breakfast in morning, meal at midday and an early dinner. They consume,

vegetables and pulses normally and meat or chicken occasionally. They believe in simple food is good for health and prevents obesity which results in further complications. Different food items are used as a remedy and for prevention of specific health problems. To prevent heart attack and hypertension certain foods are avoided which are believed to be hot and salty. To avoid liver disorders like hepatitis, foods which are believed to have a cooling effect are consumed especially in summer season.

The use of herbs is commonly used as prevention a number for illnesses. Traditionally at the day of *besakhi*<sup>47</sup> certain rituals are performed e.g., in early morning water of leafs of *dheraik*<sup>48</sup> is taken to purify the blood and avoid illnesses throughout the year. Drinking a spoon of oil on that day is another tradition to avoid the impact of harsh upcoming summer. All these preventive measures are embedded in the cultural fabric of that society since centuries they are following these rituals. When they are asked why they comply to these ritual and what the rationale behind it is; they said our forefather had experienced these things since centuries and found useful so we are following these traditions.

#### 4.2.2 Life Style

Many preventive health behaviours are embedded in the life style of individuals. People of the village had a very simple life. They got up early in the morning, went out to collect fodder or work in the fields and then had a breakfast. They had lot of physical activity, even at the age of 70 a man had to do lot of physical work. In recent years few families had other sources of income and they can afford rented labour for agriculture and other activities. Ishtiaq Hussain who is 27 year old married man from Mistrian ni Dhole, said,

*“Hum din ko hal chalay hain mazdoori karte hain, na koi bemari rehti hai na koi blood pressure, mazdoor bandy ko na blood pressure na kuch or...”*<sup>49</sup>

<sup>47</sup> Start of lunar year 13<sup>th</sup> and 14<sup>th</sup> of April.

<sup>48</sup> A common tree found in the area, botanical name is robinia

<sup>49</sup> We plow up in the fields and had labor work in the day, there would be no illness no blood pressure any more, and a labor doesn't develop blood pressure.



Locals believed that their hard work prevent them from illnesses. Even an old person was sitting in a gathering said that, one who had physical activity can digest whatever he consumes and remain healthy. Luxurious life style is discouraged as it is believed the source of hypertension and diabetes. An old farmer said,

“life without work and physical activity is the cause of diabetes and hypertension”.

The dress code also prevents many health problems, in winter, *chaddar*<sup>50</sup> and sweaters are used to protect themselves from cold which can cause illness. In summer lighter cotton cloths are used. A cotton cloth called *saafa* or *chaddar* is used to cover the head in order to avoid sun storke.

#### 4.2.3 Religious Rituals (prayers)

Religious rituals are believed effective and a prime source of prevention for both personalistic and naturalistic causes of illness and misfortune. A wide variety of religious rituals are observed in Mohra Fatima, ranging from very simple prayer or words like *MASHALLAH* to an organized ritual like *darood*, *khatam* or *sadqa*. All these rituals are performed to avoid evil eye, misfortune or to appease supernatural to avoid illness or problems. The word *MASHALLAH* is used quite often, it is believed that it can avoid evil eye which can cause illness. Visit to shrines is another main ritual observed in the area. People visit the shrine of Bhangaali Sherif and pray to avoid misfortune. two main connotations behind these visits, first is to avoid misfortune or problems and second for fulfilment of a wish may be for a child in case of infertility or to cure a chronic illness. Prayers are also considered the main source of prevention illness and misfortune. One respondent who was of 41 years of age and working as an electrician he also believed in magic, when asked what can prevent magic he said,

“Through offering prayer we can avoid the negative impact of magic.”

Prayer is believed the main source to avoid all sort of misfortune, magic and bad luck. People who performed prayer regularly are believed more blessed and to have least chance to

---

<sup>50</sup> Piece of cloth



be affected by magic. Prayers and good deeds not only avoid magic but keeps someone saves from evil eye or any punishment by supernatural.

#### **4.3 Illness Behaviours**

Illnesses behaviours are simply the ways to deal with the ill health or the strategies to deal with misfortune to recover or regain health. According to Kasl & Cob (1966) "Illness behaviours are not necessarily objective measures of illness that reflect organic conditions (i.e., physical examination), they also include subjective assessment that result in symptom recognition, symptom reporting and health care seeking research an illness behaviours focuses on how these subjective assessments led individual to behave or engage in certain health related activities." These behaviours are driven by the socio-cultural environment. The beliefs about illness and how people define health are the main forces to push individuals to adopt certain curative strategies. Pamala & Lubkin (1980:29) said,

"Both the meaning given to the symptom and the client's response, or behaviour, are influenced by the client's background and personality as well as the cultural, social, and economic context in which the symptom is appear."

This process took place in a pattern from recognizing a symptom to interpretation, reporting and taking remedial action. In case when a symptom of any health problem is perceived and recognized people try to coup with the home remedies or a ritual and as second resort they normally consult western medicines. What to consult lots depends upon how they perceive and interpret the symptom and their concept about the causation, leads them to certain curative actions. Most of the time people believed in multiple causations for same illness e.g. TB is believed caused by the invasion of TB germ in the body and at the same time individual also suspect that it might be due to magic. The Key respondent Mr Akhlaq Hussain, when developed TB he had thought that someone's mal intentions might have made him ill through black magic.

##### **4.3.1 Home Remedies**

In case of any discomfort or illnesses, home remedies are the first choice for individuals in study area. When any symptom is recognized, some sort of home remedies are applied.

normally suggested by the elderly member of the household, mostly women. From common and minor health issues like cough, headache or cold to chronic diseases like diabetes, hypertension and hepatitis, wide range of home remedies existed. An elderly woman of household or a house wife can advise multiple treatments, ranging from a rituals and herbal treatment to allopathic medicines. Many respondents said that in case of any health problem they try something at home. These aids are easily available at home or in village and these are also cheap. From Kashmirian ni dhoke Mr. Sadaqat Hussain Mughal who is 41 year old, recently he came back from middle east, said,

*“Pehly koi garelo totka karty hain phir doctor key pas jaty hain”*

(First of all we try home remedies than visit doctor.)

Home remedies and self medication is significantly prevalent, it was observed that people used home remedies in every case of pain or discomfort. In these home remedies some commonly used foods, for example, in case of headache or body pain tea is recommended. . Sometimes allopathic medicines are also included in home remedies. Most of the remedies are very useful and professional health care providers sometimes agreed to such home remedies. A daily wage labor who was 41 year old and he believed that he is very healthy said, “Doctor advised to have steam and herbal tea to cure flu.” Anything suggested by the doctor or any educated person is considered and believed useful. Table bellow shows the range of home remedies used to cure and preventive different health problems

**Table No. 4.2: Common home remedies:**

Health problem	Home remedy
For gastric problems	Mint ( <i>podeena</i> ), <i>Ajwain</i> , Black salt, soft drinks, the way these items vary from family to family and the purpose for what they are used. For example, in case of gastric problems mint and black salt used in combination with drinking water and

	sometime <i>ajwain</i> and salt used with drinking water.
Cold and fever	Boiled egg with black peppers are used to cure cold, Chicken soup Hot milk is also taken before bed to cure cold and fever.
Cough	Black tea ( <i>kehwa</i> ) is used in cough, another effective remedy is honey and believed very effective in many health problems, in one table spoon few drops of ginger mixed and taken to cure cough.
Flu	Chicken soup taken, steam is given to children in case of flu or chest infection and sometimes a tea spoon of vex is mixed in hot water for steam.
Headache	In case of mild headache the first remedy is the tea or massage however locally available Aspirin is taken, few elderly member of Paish Immam of Masjid performed <i>Dam</i> (a ritual of reading verses of Holy script) to cure headache.
High blood pressure	Lemon juice is frequently consumed to normalize the high blood pressure
Low blood pressure	In case of low blood pressure boiled egg with salt is consume and hot milk is taken.
Hepatitis	To cure hepatitis multiple modes are used ranges from shamanistic therapies to home remedies. honey cab be mixed in drinking water is believed one of the very good cure of hepatitis, an old man suggests that to cure hepatitis one should cut a radish and put it in open air during night time and eat

	it in morning will benefits. <i>Dam</i> and rituals, vegetables like radish, sugarcane juice is advised to consumed.
--	--

#### 4.3.2 Self Medication

Another aspect of home remedies is allopathic medicines. Paracetamol or aspirin are the most commonly used allopathic medicines. These are easily available at the local shop of the village at a very low price. A small range of medicines for multiple health problems are also available, in these medicines; tablets like aspirin, paracetamol, intox, panadol, syrup sharbat toot siha, are mostly available. People of the village have used these medicines for general purpose, mainly for headache, body pain, fever, flu etc. for cough and fever often people purchase medicines from market without consulting the doctor or medical technician. Heavy advertisements on TV, Radio and through print media and easy availability enforces the use these medicines. It was observed in a charity clinic adjacent to village Mohra Fatima that often people came to doctor and told him someone in the family is ill please give some medicine for him/ her. Headache, body pain, cough, flu are treated at home with commonly available pills as one respondent said, “We take aspirin or paracetamol at home”. These tablets used for multiple purposes, but most commonly used for headache, fever, flu and body aches. These tablets are often available at home.

#### 4.3.3 Rituals

A wide range of rituals are practiced to avoid illness and health problems or to recover from illness. It is observed that most of the rituals had religious connotation and are embedded in the cultural fabric. These rituals are transmitted to next generations. Recitation of religious scripts is one of the main rituals to avoid magic, evil eye, diseases and sprits possession. When Mr. Akhlaq Hussain had developed TB, had doubt in his mind that some sensate agent might have made him ill through witchcraft, and to avoid that magic he would recited holy verses. He said,

*"mujy shak tha key muj par kisi ne jadoo kar dia hai, phir mai AYAT-UL-KURSI parh leata, SURAH-AKHLAS parh leata tha..."*<sup>51</sup>

Another very common ritual to avoid evil eye is to burn sugar and chilies. Especially when any child cry frequently it is believed that the baby affected by evil eye. To avoid the inverse effects of evil eye someone from the family take sugar and burn it, if it did not give off a burning smell it is believed that evil eye had been avoided. One female told that the researcher at the birth of baby placenta is disposed off by burying deep into earth. When a baby carried more than normal some elderly women goes to that place where placenta was buried, she beats that place with stick. This exercise is believed to avoid spirits and *saya* and baby became better. These rituals are enforced by the elderly members especially the female and transmitted to next generation.

#### 4.3.4 Shamanistic Therapies

Shamanistic therapies like, *dam-darood*<sup>52</sup>, are very common as in most parts of the rural areas of Pakistan. Some people had the specialized in these curative measures for particular diseases. Faith healers at the shrines of *Bhangali Sherif* and *Kalyam Sherif* offered these services. Other than these shrines almost every hamlet had someone who had some specialty of *dam* for headache, scorpion and snake bite and some persons had special spiritual authority to cure hepatitis. During field work it was observed that different shrines have some specialty, as, shrine of *kalyam Sherif* is believed best for the cure of snake bite and leprosy. Different myths and stories are told by the old people of the village about miracles of these shrines to cure chronic diseases. Which not only strengthen the beliefs of people about these shrines but also help to transmit beliefs to next the generation and reinforce traditional measures to cure. Certain rituals are performed at these shrines to cure disease, such as, at *kalyam sherif* a faith healer dip his heel in hot oil and touches it to the patient of leprosy to cure him/ her. People offered gifts and cash at these shrines. One respondent who was of 50 years of age and retired from government job, said,

<sup>51</sup> I was doubted that someone had magic spell on me, than I recited *AYAT-UL-KURSI* and *SURAH-AKHLAS*.

<sup>52</sup> Rituals to cure, derived from religion mostly

*"jab (joro ka) darad shur ho jata hai phir khan-ghahon par jaty hain pathar waghera ragarty hian"*<sup>53</sup>.

as discussed above people visited shrines for many reasons. they massage sacred stones on the body, where they had pain and believed that the pain will be removed by the sacredness of the shrine. Infertility is another reason of attending faith healer and shrines. To cure intellectual and physical disability especially in children faith healers and shrines. not only in the locality but in other cities in far flange area are visited by the parents of disabled.

#### **4.4 Interpersonal Referrals**

It was observed that in chronic health problems, specially, people exhibit different curative strategies based on the referrals from other people who are considered to have some experience about a particular disease. These people might have had that sort of problem or any of their family members had a similar health issue. On the basis of their experience they suggest curative or preventive measures to others which are valued and accepted. Whatever they found useful through their own experience they recommend to others in similar case. Whom one should consult, mode of treatment, food etc. or particular herbalist. People often quote example to ill person or his/her family that in similar case someone is cured by a faith healer or a doctor. It was observed that these interpersonal referrals have very strong influence on people to take certain preventive action. The reasons behind high acceptance of the interpersonal referrals are; the level of trust on the person who referred prevention or cure and the live example quoted by teller strongly influence one's perspective about opting certain prevention or cure measure. These interpersonal referrals includes home remedies, faith healer, doctor or specialists, hakeems, bone setters etc.

#### **4.5 Hot and Cold Foods**

The concept of hot and cold is prevalent and acceptable in the study area. It is generally believed that hot and cold imbalance disturbs the balance of the body, which results in

---

<sup>53</sup> when joint pain starts people started to visit shrines and massage with stone (some time few sacred stones were put down there at shrines)



illness. A person who consumes excessive hot foods in summer or cold foods in winter is vulnerable to illnesses or extreme climatic conditions can also disturb the balance of hot and cold of the body. When the balance of hot and cold gets disturbed to remedy the inverse effect are cured with foods having opposite characteristics. Certain foods are believed hot and there is list of cold foods. A wide range of home remedies and folk treatments are based on the concept of hot and cold. Illnesses that are believed to be caused by cold are treated with food or herbs having hot characteristics. In the same way problems caused by hot stimulus are treated by foods or herbals having cold traits. In hepatitis dysfunctioning of liver is believed to be caused by hot foods and as a curative measure, foods with cold characteristics are used. Herbals preparations and certain vegetables and juice are extensively used to cure hepatitis and to normalize liver's functions. Food like ghee, chicken, spices, egg and fish are prohibited for patients with the illnesses which are believed due to hot. Similar is the case, when someone had a problem which is believed caused by cold, like cough, fever, flu or pneumonia. Foods that are believed hot are used as home remedy. Herbs having hot characteristics, eggs, chicken or chicken soup is given.

**Table No. 4.3: Classification of Common Hot and Cold foods;**

Hot	Cold
Egg Milk Chicken Fish meat Desi gee Spinach Mango Nuts and dry fruit Specific herbs	Most vegetables Desi butter Butter milk ( <i>lassi</i> ) Fruits like orange, lemon, pomegranate, water melon Juices Specific herbals

These hot and cold foods are also used in accordance with the climatic conditions. For example in summer, only those foods are preferred and used which had cold affects and hot food are discouraged. In summer people preferred not to use eggs, fish or dry fruits. General

believe is that if foods of hot characteristics are consumed in summer it will result in imbalance of hot and cold thereby causing illness.

#### **4.6 Health Services and Access to Health Services**

The availability and access to health services is one of the key social factors which determine the prevention and the cure. What is available and at what cost. In the study area different modes of prevention and cure are available. All the available services can be classified into three sectors i.e., popular, folk and professional. In popular sector is one of the core of any health care system but not paid too much attention. It is also important to know the home remedies are very frequently used and curing beliefs of the community. Kleinman (1980:50) stated,

“Although the popular sphere of health care is the largest part of any system, it is the least studied and most poorly understood. It can be thought of as a matrix containing several levels: individual, family, social network, and community beliefs and activities.”

Below is the detailed description of folk and professional health services available to the residents of the village Mohra Fatima.

#### **4.7 Folk Health Services**

There is a homeopathic doctor at Bhangali Adda. Homeopathic medicines are believed having least side effects. Especially those people who had low level of trust on allopathic doctors, prefer homeopathic treatment. As one of our respondent Mr Fazal Khan who was 90 year old once he suffered from kidney pain and previously he had visited a doctor in Doltala twice, he said,

“I had kidney pain. I visited many doctors but got no relief, I asked my grandson to take me to homeo physician Lal Hussain, he gave me five tablets. I became well after taking only two.”

Homeopathic medicines are used at a limited level and it was observed that homeopathic practitioner would also use allopathic medicines for quick relief.

There was one quack claiming to be a herbalist near the village on Mandra-Chakwal road at Bhangali Adda. In fact who is a quack and posing himself as herbalist. Who offered his service mainly for infertility, and sexual problems; especially problems of youth. In general the acceptability of this person was found to be very low and people showed distrust in him. One unmarried young man, who was matriculate told,

*"mai be aik dafa hakeem key pas गया था वो मुझे केता है tumain jiryan hai, jo be us key pas जाता है केता है tumain mardana kamzori hai, tumain jiryan hai or jo aourat jati hai usy केता है tumain likoriya hai, logo ki nafsiyat si kehlta hai"*<sup>54</sup>.

These type of quacks had their own concepts and explanations to illness. Due to modern day advancements and information, people hardly accept out dated concepts of such health service providers. General awareness as now reduced the utilization of herbalists services now even in rural areas. These quacks posing as herbalists target specific groups like teenagers and female from poor strata of the community or deprived segments of the society. People come to these herbalists with sexual problems, infertility, chronic disease like sugar, hepatitis or joint pain, which are not fully cured by western medicines. The herbalist near village Mohra Fatima is not well reputed regarding his practice and a very few people considered him as a resort in illness.

The third and very significant segment of folk sector in the village is faith healers and shrines. People believed in shrines and spiritual healers and a strong faith in these healers is embedded in the local culture. Shrine of *Bhangali Sherif* is just outside the village where lot of cultural festivals like *Urrs*, *Melaad*<sup>55</sup>, or *Mehfil*<sup>56</sup> took place which is not only an outlet for

<sup>54</sup> Once I visited herbalist he told me that you are suffering from *Jiryan*(sexual illness of male defined by Tib). Anyone who visit him he told him that you have sexual weakness or you have *jiryan*, or if any women visits him he told her that you have *leekoria*(sexual illness of females defined by tib), he plays with the psyche of the people.

<sup>55</sup> Celebration on the day of birth of Prophet (PBH)

<sup>56</sup> Religious and cultural festivals held at shrines.

local people but is also a source of Islamic teachings. Myths and traditions about the miracles of the shrines and saints enforce the belief on the ability to cure illness.

#### **4.8 Professional Sector of Health**

The most dominant sector providing health services is the professional or western medicine. Kleinman (1980:53) defined professional sector as

“the professional sector, comprising the organized healing professions. In most societies, this is simply modern scientific medicine. But in certain societies, e.g., Chinese and Indian societies, there are also professionalized indigenous medical systems: traditional Chinese medicine and Ayurvedic medicine, respectively.”

In most of health problems people consulted doctors and seek advice from them. At first level, for acute health problems home remedies are applied but people consult western medicine when they felt need for further treatment. Quite often western medicines are used as home remedy, like aspirin for headache or paracetamol for fever. Most of the respondents replied that in case of any health issue they consult doctor or physician. It was observed that different levels of health care facilities are approached by different individuals for different illnesses and at different stages of illness.

##### **4.8.1 Provision of Health Facilities.**

At first level people seek help from primary health care facilities near the village. Usually their first approached the Basic Health Unit (BHU) Jatli, which is not far away from village and public transport was easily available to the BHU. The second and most utilized option for health care utilized of villagers of Mohra Fatima is a charity clinic run by a local doctor in the evening. At that clinic people had the facility of free checkups and medicines. A large number of patients visited the clinic, on average 40 to 50 patients visited the clinic in the evening and around 150 to 200 patients visits on weekends. Local lady Health Worker (LHW)<sup>57</sup> also provided basic medicines like paracetamol, iron and folic acid, multivitamins

---

<sup>57</sup> Community based health workers, local female with 8 to 10 years of education.

and contraceptives. One respondent who belongs to Mistree family and working as mason in the village said, “we consult Dr Tariq in case of illness like cough etc.” That particular doctor is near to the village at a walking distance. In case of any health issue majority of the people of the village visit that charity clinic.

Private Doctors and physicians are also consulted by the villagers, especially those who had resources and can afford to travel to the nearest town Doltala and can pay for medication. In Doltala there are many doctors who are qualified and offering their services. One respondent who is from Minhas Rajput family and they have financially sound said,

“There are number of doctors available in Doltala we visit them”.

These doctors are mostly consulted only by the families who have financial resources to pay for transportation and fee. At the same time people showed lot of distrust on those doctors. They are believed to be expensive and irresponsible.

Majority of the locals are serving or had served in armed forces. These people have a facility of free medical care for them and their family in CMH or Fouji Foundation Hospital. These are the teaching hospitals with a wide range of services from acute illnesses to chronic diseases. Modern pathological facilities and highly specialized personnel are available at these institutions. People also visited those hospitals for medical care but only in case of some major health problems. Medical care at these hospitals are free for them but they have to bear the cost of travelling. In case of minor health problems they consult local health services or seek home remedies. But for major health issues they travelled to big hospitals.

#### **4.9 Factors Influencing Health Behaviours**

There is a wide range of factors that had influence on the health behaviours of locals. These include both social and cultural. In a given context we cannot claim that a single aspect; cultural or social determine the health behaviours. It is a complex process in which certain behaviours took place. Before any action taken by any individual there is a process of perceiving, recognizing and interpreting the symptom, identifying the available options and ultimately deciding what to chose depends on number of factors. These factors can be

divided into intrapersonal and interpersonal level factors. Below a detailed discussion will be presented on these two aspects.

#### 4.9.1 Individual Level Factors

There are some aspects related to the particular individual, chief among those being; Knowledge and personal skills are found very important, what one knew about an illness, availability of options to cure and what cost it would involved are some of the deciding factors in choosing an option. It is seen that the knowledge a person had shaped the concept and beliefs and an individual adopted behaviours accordingly.

*"Jab mai bemar tha tu mujy pata tha key khansney si jerms pehlain gay tu mai kisi ko apny kamry mai nai aany daita tha, agar koi aata tha tu mai kuch dir baad kehta tha key ab ap chlay jain.."*<sup>58</sup>

The one who knows about the consequences about an illness showed more conscious behaviours about that illness. It is also very important that one have the believe in himself to take certain action to prevent himself from illness or can take remedial action to cure himself. Past experiences in similar situation and appropriate measures found in that situation are believed the best choice and preferred.

Beliefs at individual level also determined the health behaviours. The concept of causation and perception of anatomy of the body is important. People showed those behaviours which are according to their perception and concept.

*"Jo raat qabar mai hai wo bahir nai ho skti."*

The person who believed that everything is pre-written and pre- ordained, his reported behaviours are different as compared to that individual who believed that he has some control over his doing, though *Qudrat*<sup>59</sup> has the ultimate authority. Those who believed that they

---

<sup>58</sup> When I was ill I had knew that germs can spread to other through cough so I restrict others not to come on my room, if anybody visit me after some time I requested them to leave.

<sup>59</sup> Supernatural being



can't do anything are found less conscious about the health, food or safety measures at work. On the other hand individuals with the belief that they have some degree of control over their lives, exhibit more positive health behaviours. One of our respondent who was uneducated and a daily wage labour, had a belief that they are helpless, everything is pre-decided, he said,

*"Sub kuch ALLAH ki taraf si hota hai, jab banda paida hota hai tu likh dia jata hai key us key sath zindgee mai kia ho ga"*<sup>60</sup>

This individual was a mason, when asked about the safety measures at his work place, he said, what ALLAH wants will happen to him. Similarly when he was asked about food, he said any thing comes to you is from ALLAH so eat what comes to you. His beliefs are clearly seen through his health related behaviours.

#### **4.9.2 Interpersonal Level Factors**

Interpersonal level factors are very important in shaping behaviours. Family and friends are found very much influential. These interpersonal interactions are very important in the context of study area. Sharing of concepts and knowledge is the source of change in health related behaviours. (awareness compigns about polio etc.). in these interpersonal level factors family, friends, peers and other community members are important.

##### **4.9.2.1 Role of Family in Health Seeking Decision**

The family is the most influential and play critical role in determining illness and preventive behaviours. According to Kleinman (1980:52),

"The sick person and his family utilize beliefs and values about illness that are part of the cognitive structure of the popular culture. The decision they make cover a range of possible alternatives. The family can disregard signs of illness by considering them to be ordinary or "normal" or they can validate the sick person's sick role."

---

<sup>60</sup> Everything is from ALLAH, at the time of birth it was decided that what happened to him in life.

In the course of illness whom one should consult, what mode of treatment to be chosen, at what time, were some of the key decisions on which the family had a direct influence. The family is the responsible for shaping the concepts of health, illness and causation. From childhood the myths and stories told by elderly members of the household had pivotal a role in construction of ideas about the outer world.

#### **4.9.2.2 Demographic Status of an Individual**

Demographic status is very important social factor which influence the health behaviours. Who is ill in the family? is one of the main aspect which results in a prompt action or delay in seeking help. It was observed that male infants were given more attention, in case of any health issue curative measures were immediately taken. When a sign or symptom is recognized in baby boy, family promptly take him to doctor and some time to specialist in Doltala, but for female they might try any home remedy as first remedial choice. Health behaviour of a person as the head of the household is affected by his position in the family. Being a bread winner he might ignore signs or symptoms of illness and prefer to attend his work and on other hand he is given importance in the family due to his economic role and position in the family. A local labour Mr Ahmad Khan from Mistrian ni dhoke who is 40 year old, said,

“hum kamayain gay tu gar waly khyain gay”<sup>61</sup>

#### **4.9.2.3 Peer Group**

Friends and other people who are in close acquaintance had a major role in shaping the behaviours. The knowledge and beliefs of a group is transmitted to individuals. One of our respondent Mr Zameer Akhter who was 55 year old had served as a driver with a few professors of Army Medical Core during his service, he said,

“I worked for P.hd scholars for a long period of time, and living in such company, watching TV, listening to the radio and read newspaper all adds up to my knowledge”.

---

<sup>61</sup> We earns for the family

Later on he explained that he is very careful about health, he maintained a disciplined life to keep himself healthy and fit. People around him had made a great influence on his behaviours and life style.

#### **4.9.2.4 Referrals from Family Members and Friends**

Despite the facts that print media and electronic media is very dominant, but the word of mouth had very strong influence on people especially in case of illness behaviour in our rural areas. In village Mohra Fatima, people tried many therapies to cure their illness on the recommendations of others. An individual visits a shrine in another city and comes back and tells others that I had chronic hepatitis, I visited that faith healer on three Sundays and my problem is fixed now. So other people would also visit the particular shrine and also recommend it to others for that treatment in similar cases. One respondent said and believed,

*“kehty hain jo namaz nai parhta sony key time wo sochta rehta hai, soye ga nai, uska khoon jalta rehta hai usy bemari lag jati hai agr banda 5 time namaz parhta hai usy koi bemari nai lagy ge, haq halal ki kamai khaye”*

People say, any one does not offer prayers, he has sleep disturbance and he will become weak but if a person offer regular prayers and have *halal* earnings, will remain healthy.

The beliefs and behaviours of individuals was greatly influenced by what other say and specially by the person who is believed as an authority in the village.

#### **4.9.2.5 Public Level Interventions**

Public level interventions also influence the concepts and beliefs which exhibited in the behaviours. People are well oriented about the general health issues. Screening for TB in case of sever cough for more than two weeks, is due to the public health message on TV, Radio and newspapers. In the study area, public health sector investing resources to eradicate TB and Polio. Advertisements on electronic media and print media are crucial in disseminating the health messages to community. Services offered by BHU and RIHC, and role of LHWs are very important in shaping health behaviours of the people of the village Mohra Fatima.

#### 4.9.2.6 Economy and Availability of Resources

Availability of economic resources is one of the most important factors which decided what treatment would be sought in case of illness or what preventive measure would be adopted. An individual who believed that western medicine offered the best remedy for his discomfort but if he cannot afford the cost, he turned to home remedy or clergyman or herbalist if he could not afford the cost. What modes of treatment are available at what cost is the most important for the villagers. The cost factor was also a primary concern for the consumption of better food. Individual beliefs are the base for preventive or illness behaviours but resources are the trigger that initiated a particular behaviour. One respondent said,

*“Jo dawain 2 no hoti hain wo gharib log ziyada tar khared'iy hain”<sup>62</sup>.*

Once again affordability is considered important as the poor could not afford quality medicines. Sometimes limited resources exert pressure on individual to adopt preventive behaviours to avoid the cost implications of illness and its treatment. Retired personnel said,

*“Ehtiyat behter hai Jab banda bemar ho jata hai tu kafi kharcha hota hai”<sup>63</sup>.*

People tried to avoid illness through precautionary measures, because they understand illness had its cost implications, which is their primary concern. A poor villager who was a daily wage labour, he was 38 year old said,

“I asked my wife to look after children properly, if they fall ill, we don't have enough money to pay doctors.”

Though free medical facilities are available at both charity clinic and in primary health care facilities, but people try to avoid illness. It not only will have negative impacts on health in future but it cost them in shape of time away from work and expenses incurred on visiting health services.

---

<sup>62</sup> Most of the time poor purchase sub standard medicines.

<sup>63</sup> Precautions are better, when one get ill, it costs a lot

#### 4.9.2.7 Education

Education is one of the influencing factors. People who are more knowledgeable and had exposure had different approach towards health as compare to those who are not educated. General educational level of the people of village had brought change in general health related behaviours. Most of the people had basic knowledge about health. An uneducated housewife from low cast of the village said,

*“Ghee sehat key liy acha nai, is ki waja si blood pressure or heart attack hota hai, mai apni family key liy tail istamal karti hon”<sup>64</sup>.*

General level of health education is found very good in the community as people with no formal education had good knowledge about health issues and appropriate health behaviours.

#### 4.9.2.8 Occupation

Occupation is also found important in shaping health behaviour. Occupation is not only the source of income, but it provides them exposure. People who had served in armed force showed better and more disciplined life style. One of our respondents who was the driver of a doctor for a long time was very disciplined about health and had shown conscious health behaviours.

Occupation played very important role in shaping health behaviours in another angle. in the village two females were working as staff nurses, one as a Lady Health Visitor and one qualified Doctor is from village, which had an influence on the behaviours of the people. The significant trend towards western medicines is mainly influenced by these health professionals, as they had very frequent interaction with the community.

#### 4.3 Available Therapeutic Options

Available therapeutic options also determined the illness behaviours. In village Mohra Fatima a free charity clinic is accessible at a walking distance. Individual who is running the clinic had very good reputation, which influence the illness behaviours of the community. In

---

<sup>64</sup> Ghee is not good for health, it cause hypertension and heart attack, I use oil for my family

case any discomfort or pain they could go to him and have free check up and medicine. So such the people did not choose other options or treatment moods.

#### **4.3.1 Access to Healthcare Facilities**

Access to health care facilities are in the area is not difficult. Multiple options are available to the villagers. Public sectors facilities like Basic Health Unit (BHU) and Rural Health Center (RHC) in the nearest town. Inspite of these facilities one charity clinic in the village is approached by majority of the people as first primary health care contact.

*"Haspatal mai kuch nai, jab ye bana tha 1960/61mai tu kehly thy ye bohat acha haspatal ho ga, magar is mai kuch nai"*<sup>65</sup>.

Services available at these public sector institutions are not satisfactory even though people can easily access these centers.

#### **4.3.2 Attitude of Health Professionals**

People showed distrust in doctors and they reported mal practices and high charges for acute health issues. In private sector it is believed that doctors do not care for patients properly but more concerned about the monetary aspect and charge high service charges.

*" Doctor baghair churri key chamri utar leaty hain"*<sup>66</sup>.

Particularly in public health center people are not satisfied with the behaviours of professionals. This is one of the reason that they rely a lot on home remedies. Even at the recognition of some serious symptoms they tried initially try home remedies and avoided visiting the public health centres.

#### **4.3.3 Perceptions of Cost and Benefits**

People believed that private doctors charged high fees even for simple treatment. One respondent said,

---

<sup>65</sup> There is nothing in hospital (RHC), when in 1960/61 it was constructed, it was supposed to be a good hospital but there is no facility.

<sup>66</sup> Doctors were costly, which was difficult to afford.



*“Nursing type aik doctor hai, usk pas chala gaya us ne aik teka lagya or 125 rupay lay liey”.*<sup>67</sup>

Cost against service is considered higher, due to which people prefer to use home remedies or self medication. Private doctors not only charge them high fees but the time and travel is also considered while availing services available in Doltala or in Jatli. People of the village have lot of engagements related to farm and off farm work. Mostly females remains busy all the day. If they visit to Doltala which takes lot of time to travel though it's not very far from the village but limited public transportation make it difficult to manage in short time. If a daily wage labour visits Doltala to avail any health service he has to give up his one day labour. One of the main reasons behind ignoring common health issues is the cost of availing these services. This cost can in shape of time or resources which is one of the influencing factors on health related behaviours.

---

<sup>67</sup> There was a nurse, I went to her, she had an injection and charge Rs. 125.”

## Chapter-5

### SUMMARY AND CONCLUSIONS

Current study was conducted in a Potohari village named Mohra Fatima, of Gijar Khan, District Rawalpindi. The broader aim of the research was to comprehend the etiologies, health behaviours and there socio-cultural determinants.

It was important to look into the basic concepts about health and illness. What health means to individuals and what are the indications or symptoms believed as illness? How a person is recognized ill and who is believed healthy? It was observed that the beliefs about the illness are one of the main forces in shaping and determining health related behaviours, but it is a complex process which includes number of social and cultural factors are involved. To understand the complexity of health behaviours, the holistic approach of anthropology is used as it allows the deeper immersion into the culture and provides the in-depth insight.

To protect and maintain the health is natural. For centuries man has devised and used strategies to avoid and cure illness. All these survival strategies are the products of cultural, social and material context. In other words all these behaviours originated in the process of evolution through the course of life, man learn, shared his experiences with his contemporary generations and transmitted to subsequent generations. The problem under discussion is of health system which has two interrelated aspects, a cultural aspect, the basic concepts and beliefs, theories, normative practices and perception. The other aspect is social which includes organization, availability and affordability of services and the health care providers, social networks like various social groups of kinship, economic and political factors.

The study documented the concepts and beliefs related to health and illness; how people define health and what conditions meant illness for them, what are the common etiologies, what treatment options are available to them and what they chose among available alternative option.

People define health as majority of the respondents believed that proper functioning of the body that an individual can perform normal activities, like household chore is considered healthy. General appearance such as healthy body and face are considered sign of good health. For the people of the village health is important to meet their obligations in daily life, as they have lot of dependence on physical activities. During field work many individuals were found conscious about health. They associate good health with proper functioning of the body. Good food and physical activity is believed the main source of healthy life. People prefer to have nutritious foods and believe that good food is the source of good health. Dairy products such as milk, *dessi ghee* (saturated dairy fat), meat, fresh fruits and vegetables are believed good food.

In the study area people define illness as mal functioning of the body, general weakness, weight loss, pale face, are believed as the indications of ill health. If the general appearance was good one is considered healthy, despite one had any biological illness. People of the Mohra Fatima believe in different overlapping concepts of illness. At the same time, one believed on western definition, humors concept, and supernatural interference e.g. one suffered TB due to the punishment by supernatural. Ones believe in western concept of causation of TB but he believes that happened to him because of the will of supernatural. In such cases he will take western medical care along with the prayers to appease supernatural.

Symptoms are recognized initially by the person himself or by the people around him. They interpret these symptoms according to their knowledge and past experiences. Visible changes in the body, pale face or body weight loss or some time change of color of eyes is recognized as a symptom of mal function of the body or any organ of the body.

The concepts of causation of illness are classified into naturalistic and personalistic. Most of the times of illness is believed due to naturalistic reasons like hot and cold imbalance, mal function of the body or any organ of the body. But in sever health issues sometimes it is believed that magic or evil eye are the reasons behind any sufferings or loss. The concepts of causation are placed into four area: Individual is responsible for illness, the natural world, the

social world and the supernatural world. Individual is believed responsible when they locate the cause of ill health within their self. Reason of health problems believed lies with individual. Carelessness, imbalance of hot and cold or improper diet, life style, personality, smoking and drinking can be the reasons of ill health. Secondly Causation of health problems is identified with natural world. Where individual is not merely responsible for illness but the outer environment play an important role. At third level Etiologies are placed with social world as well where social environment is considered responsible for health related problems. These causations are divided into two main domains first where some external agent has intentionally harm health and the second aspect where no intentional action taken by anyone to damage someone's health but it still cause illness or discomfort. Supernatural world was also believed the cause of illness, mainly in two respects, first trial by supernatural and second Devine punishment.

In all societies people take certain preventive measures to remain healthy and take appropriate actions to cure when they fall ill. What is the best way to avoid or cure any illness or discomfort? This is social and cultural environment which tells what to do to remain healthy. Culture has great influence on all aspects of life including health behaviours of its individuals. These cultural guidelines also have strong influence on health related behaviours. People recognize and interpret the symptoms according to the knowledge and concept they inherit from the cultural environment. For the current study main focus is on preventive and illness behaviours.

Preventive behaviours are those actions taken by an individual to prevent illness or pain. These behaviours range from life style to vaccination and screening. All preventive behaviours were based on the belief system of the society, availability services and resources. What people believe, whether they can avoid illness and where they are helpless, from where they can seek help and what price they have to pay. What are the serious threats to health and what problem are believed normal course of life. In these behaviours; use of appropriate food, rituals to avoid misfortune and illness, environmental adjustments and proper dress code according to season.

Illnesses behaviours are the ways to deal with the ill health or the strategies to deal with illness to recover or regain health. These behaviours are driven by the socio-cultural environment. The beliefs about illness and how people define health are the main forces which determine individuals to adopt certain curative strategies. This process took place in a pattern from recognizing a symptom to interpretation, reporting and taking remedial action. What to consult lots depends upon how they perceive and interpret the symptom and their concept about the causation, leads them to certain curative actions. These curative strategies include home remedies, self medication, rituals, visit to shrines, use of hot and cold foods, availability and affordability of health services. Other than above mentioned variables, gender, demographic status of individual who is ill, social support and perceived severity of illness trigger the health behaviours.

## **Conclusion**

Health behaviours are complex phenomena. At the same time multiple factors both social and cultural influence the choice of an individual in opting certain behaviour to protect him or to cope with the health crises. This process starts when symptom is perceived, recognized and interpreted by the individual himself or by the people around him. Possible causes are ascertained there can be a single cause of symptom or might be multiple factors are responsible for illness. Basic concepts and beliefs play an important role here in perceiving, recognizing and interpreting any symptom or symptoms. Knowledge, religion, folk traditions all have influence on the concepts and beliefs of people. Once a cause is ascertained, more appropriate remedy for that particular cause is the first option to cure. If a person is believed ill because of hot and cold imbalance, cure would be normalizing the hot and cold imbalance and if the cause is believed with supernatural, the remedial measure would be ritual. In the study area people also believed in multiple causes e.g. a person is sufferings from TB is believed that the illness is caused by the attack of germs of TB by the will of supernatural. In such case remedial measure would not be merely the medication or a ritual to appease supernatural, but the combination of both. Plural alternatives are believed worthwhile, a doctor, a Hakeem (herbalist) or faith healer can cure the disease. To whom one should consult is determined by multiple social and cultural factors. Hence it is very important that before devising any intervention to promote public health, these socio-cultural factors must

be considered. Cultural appropriateness will not only leads to more acceptability of health massages at community level but will contribute to the larger goal of improving general health standards in rural Pakistan.



## Glossary

Bisakhi meela	Festival celebrated on 13 & 14 <sup>th</sup> of April
kalwonji	Black seed
luddi	Kind of folk dance
tandoor	Still or oven
Adda	Bus stop
Asar prayer	Third prayer, when the sun shade reaches double than original
Bajara	Caffre corn or millet
Banaspati ghee	Vegetable cooking oil
Baradari	Sort of a social group
Bathak	Drawing room
Bhangra	Kind of a folk dance
Bister	Bed
Bukhar	Fever
Chaddar	Piece of cloth
Charpai	Cot
Chelum	Calean
Chuhla	Stove
Darood,	Scared verses in religious scripts of Islam
Desi gee	Purified butter
Dheraik	A local tree, botanical name is robiniya,
Dhoke	Small hamlet
Dopatta	Piece of cloth used to cover head by females
Dum	religious ritual to cure illness or discomfort
Eid prayers	Special prayer offered at the day of eid
Fati'ha	First surra of qurran
Hakeems	Harbalist
Halal	Permit able by islam
Hanfi	A school of thought in Islam
Haraam	Forbidden by Islam

Haveli	Big house with large court yard
Huqqa	
Imam masjid	Religious leader who leads the prayer
Izzat	Honour
Jadoo	Magic
Jamia masjid	Masjid where juma prayer is offered
Jhummar	Kind of folk dance
Joshanda	Herbal tea, used in flu and fever
Juma prayer	Prayer offered on Friday afternoon
Jumarat ki dua	Prayer offered on Thursday
Kabaddi	Traditional game of Punjab
Kachoor	A kind of herbal
Kamahn	Local measuring unit of land, which is equal to one acar
Kameez	Shirt
Kanals	Local measuring unit of land equal to 1800 yards
Karif	Crop autumnal
Kehwa	Green or black tea
Khansi	Cough
Khatam	A kind of religious ritual
Larri	Sub caste
Lehsan	Garlic
Lassi	Butter milk
Luddi	Kind of folk dance
Mallee	A folk illness of infants
Mandi	Market
Manhoos	Ill boding or doomful
Mashak	Leather water bag
Masjid	Mosque
Mehndi,	A part of marriage ceremonies
Mela	Traditional festival
Melaad	Celebration of prophet's (PBI) birth

Mistre	Masons
Mohra	Small village
Mureed	Followers
Mussali	An occupational caste
Nai	Barber
Nazim	Administrator
Nazla	Flu
Pakhtoon	Resident of khyber pakhtunkhwa
Pashtoo	Language used mainly in khyber pakhtunkhwa
Pechish	Diarrhoea
Perhi	Small stool like used for sitting
Phurroin	A folk disease
Pir	Saint
	Death ritual, on the third day after death prayer are offered and food served
Qul	
Quom	Caste like
Quraan	Holy book of Islam
Rabhi	Crop vernal
Sad'qa	Charity
Saafa	Small piece of cloth used by male to cover their head
Saya	
Shaheed	Martyr
Summi	Kind of folk dance
Tadfeen	Burial, interment
Taveez	Amulet or periapt
Urrs	Annual celebration at shrines
Vertan bhanji	Reciprocity
Wadho	Ablution
	Food offered to friends and family at the last day of marriage
Walima	
Zarda	Rice sweet dish, normally of yellow color

Zimindar

Agriculturist

Zukam

Flu

## References

- Cassel, K.D. (2010). Using the Social-Ecological Model as a research and intervention framework to understand and mitigate obesogenic factors in Samoan populations. *Ethnicity & Health*. 15(4): 397-416.
- Ember, C.R. and M. Ember (2004). Encyclopaedia of medical anthropology: health and illness in the world's cultures, Volume II. In Elisa J. Sobo (Ed.), Theoretical and Applied Issues in Cross-Cultural Health Research (Pp 3-11). New York: Kluwer Academic/Plenum Publishers.
- Ember, C.R. and M. Ember (2004). Encyclopaedia of medical anthropology: health and illness in the world's cultures, Volume II. In Eric J. Baily (Ed.), African Americans (Pp 3-11). New York: Kluwer Academic/Plenum Publishers.
- Eric, J. Bailey (2000). Medical Anthropology and African American Health. USA: Greenwood publishing, Inc.
- Foster, G. M., & Anderson, B. G. (1978). Medical anthropology. New York: Wiley Publishers.
- Geest, S. V. D. and S. R. Whyte (1988). The context of medicines in developing countries: studies in pharmaceutical anthropology. New York: Kluwer academic publishers.
- Graham Scambler (2008). Sociology as applied to Medicine (6<sup>th</sup> edi). UK: Harcourt Publishers Ltd.
- Helman, C. G. (2007). Culture, Health and Illness (5<sup>th</sup> Edi). London: Hodder Arnold.

- Holroyd, E. and S. Twin and I.W. Yim (2005). Exploring Chinese Women's Cultural Beliefs and Behaviours Regarding the Practice of "Doing the Month". *J. Women & Heal.* 40(3): 109-123.
- Homan K. J. and C. J. Boyatzis (2010). Religiosity, Sense of Meaning, and Health Behavior in Older Adults . *Int. J. Psych. of Religion.* 20(3): 173-186.
- Ibrahim, A., S. Siddique and Y. Hussain (1985). Readings on Islam in Southeast Asia. Osman, M. T. In (ed) Islamization of the Malays: A Transformation of Culture. Singapore: Published by Institute of southeast Asian studies.
- K., Anja, W. Wies, R. Priscilla et al. 2001. The benefits of anthropological approaches for health promotion research and practice. *Heal. Edu. Rese.* 16(2): 121-130.
- Kasl, S., and Cobb, S. (1966). Health Behavior, Illness Behavior, and Sick Role Behavior. *Archives of Environmental Heal.* 12:246-266.
- Kleinman, A. (1980). Patients and Healers in the Context of Culture. Berkeley: University of California Press.
- McGinnis, J., & Foege, W. (1993). Actual causes of death in the United States. *J. Amer. Med. Assoc.* 270(18), 2207-2211.
- Mechanic, D. (1995). "Sociological Dimensions of Illness Behavior." *Soci. Sci. and Med* 41, 1207-1216.
- Mechael, B. 2005. Health and illness., Cambridge: Polity Press



- Merrill, S. & H. Baer (2007). *Introducing Medical anthropology: a discipline in action*. Uk: AltaMira press.
- Murdock, G. P. (1980). *Theories of Illness: A world survey*. London: University of Pittsburgh Press.
- Nichter, M. and M. Lock (2002). *New Horizons in Medical Anthropology*. UK: MGP Books Ltd, Bod.
- Oman, D. & Thorensen, C.E. (2002). 'Does religion cause health?: Differing interpretation and diverse meanings. *J. of Heal. Psych*, 7, 365-380.
- Pamala D. Larsen and I. Morof Lubkin (2009). *Chronic Illness: Impact and Interventions*. USA: Jones and Bartlett Publishers, LLC.
- Thyagrajan, S.P., S. Jayaram and V. Gopalakrishnan et. al., 2002. Herbal medicines for liver disease in india. *J. Gastro. & Hepata*. 17(3); 370-376.
- Winkelman, M. (2009). *Culture and Health: Applying Medical Anthropology*. USA: Jossey-Bass publishers.