

## Chapter I

### Introduction

## CONCEPT AND THEORY

This chapter deals with concept and theory of health. Problem of conceptualisation and definition of health is discussed in this chapter too. Attempt is made to discuss sociological theories of health and illness in this chapter.

It is very difficult to define and conceptualise health. Widely accepted and popular definition of health is given by World Health Organisation (WHO). According to it '*Health is a fundamental human right inclusive of physical, mental and social well-being and not merely absence of disease or infirmity*'<sup>1</sup>.

**Bio-medical concept** of health originates with development of philosophy of science in west. Religious concept of body was altered by philosophers like Aristotle, Galileo, Rene Descartes and others. Descartes' concept of body-mind dualism lays foundation for development of scientific perspective of body<sup>2</sup>. Bio-medical concept views health as merely absence of disease or illness. The concept

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<sup>1</sup> K. Park, Parks Text Book of Preventive and Social Medicine, Banarsidas Bhanot, 2007, Jabalpur, Pp 12-15

<sup>2</sup> Duncan G. Mind-body dualism and the bio-psychosocial model of pain: What did Descartes really say? *Journal of Medicine and Philosophy*, 2000, Vol.25(4), Pp485-513

is concerned with physiological causes of disease and illness. Disease is perceived as malfunction of body and it is to be cured of by the use of medicine. Thus health comes only under purview of medicine according to the concept<sup>3</sup>.

**Germ Theory** of disease emphasizes another dimension to health. Propounded by French bacteriologist Louis Pasteur in 1873 and subsequently confirmed by Robert Koch in 1877, the theory focuses germ or microbe cause disease in human body and affect health. Human body is vulnerable to pathogens, which are living around us. To protect health from disease either pathogens are to be prevented or diseased persons are to be treated with medicines<sup>4</sup>.

**Ecological concept** of health supplements deficiency of bio-medical model and is concerned with symbiotic relationship between man and his environment. It defines good health is an outcome of balance adjustment of men with their environment and disease is a mal-adjustment of human organism to environment<sup>5</sup>. Another ecologist **Rene Dubos(1987)** and others view that health implies relative absence of pain and discomfort and a continuous adaptation and adjustment with

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<sup>3</sup>K. Park, Parks Text Book of Preventive and Social Medicine, Banarsidas Bhanot, 2007, Jabalpur, Pp 12-15

<sup>4</sup>Ibid Pp 5-30

<sup>5</sup>Rene Dubos, Mirage of Health: Utopias, Progress and Biological Changes, Rutgers University Press, New Jersey, 1987, Pp 1-30

environment to ensure optimal function. To him, ecological adaptation of human being ensures disease free life as well as availability of food and habitation. To substantiate his observation he further noted that relationship between health and environment ecologists refer to historical evidences of human adjustment to environment and their healthy life in absence of modern medicine<sup>6</sup>.

Human ecologist **Park, McKenzie** and their followers agree with work of ecologists. To them homeostatic relationship between abiotic elements like sunlight, moisture, soil composition, topography of ecosystem with size, diversity and spatial distribution of human community have major influence on health<sup>7</sup>.

**Ottawa** charter for health promotion (1986) reveals of socio-ecological approach to health. Ottawa charter becomes prominent in developed countries in response to new range of health issue and problem, since the charter highlights health risk due to global ecological degradation and ecological risks, which need to be resolved immediately before it turns to cumulative health risk<sup>8</sup>.

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<sup>6</sup>Ibid, Pp 1-287

<sup>7</sup>Freeman Howard E., Levine Sol and Leo G. Reeder, Handbook of Medical Sociology, Prentice Hall, New Jersey, 1972, Pp 87-100

<sup>8</sup>Morteza Honary and Thomas Boleyn, Health Ecology: Health, Culture and Human-environment interaction (ed), Routledge, New York, 1999, Pp 37-38

**Socio-cultural concept** of health determine show society vis-a-vis culture determines health of an individual or a community at large. Social etiology of disease is social condition for occurrence of chronic or acute disease. Social factors like caste, class, status, power, race, gender, religion, occupation, income, education etc. are regarded as fundamental determinant of health. Position in social structure determines individual's health status by compelling him or her in ways that either promotes or declines health<sup>9</sup>.

**Culture** plays an important role in determining health status of individuals. It provides value, belief and judgment on good and desirable. According to Levine and Sorenson (1984) culture defines standard of morality, beauty, taste and health of people. Cognitive orientation of health varies from culture to culture and it determines health seeking behaviour and preference for health care of a community<sup>10</sup>.

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<sup>9</sup>Ibid Pp 11-88

<sup>10</sup> Freeman Howard E., Levine Sol and Kaiser J. Henry, Handbook of Medical Sociology. Fourth Edition. Prentice Hall, New Jersey.1989, Pp 46-59

**Robert Evan, Moris Barer and Theodor Marmor** in their book '*Why Some People Healthy and Others Not: The Determinants of Health of Population?*'(1994) address disease distribution pattern. Their study on health in United States and other societies focus that primary determinant of health is embedded in social structure of a society. They say six causal pathways viz. reverse causality, differential susceptibility, individual lifestyle, physical environment, social environment and differential access to health care determines health status<sup>11</sup>.

**Edwin Chadwick's(1842)** work on sanitary condition of labouring population in Great Britain reveals that poor labouring population of Britain are getting sick more frequently and dying at a younger age than the better-off people. The study also finds that non-biological factor responsible for occurrence of disease among labouring population performing dirty jobs too<sup>12</sup>.

**Marmot and Wilkinson (1999)** in their work on social determinant of health say social and economic organisation determines health of individual or community. According to them, there are factors like childhood environment, working

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<sup>11</sup> [www.google.co.in](http://www.google.co.in), population health in Canada a systematic review. accessed on 11. 12. 2012

<sup>12</sup> Christopher Hamlin, 'Edwin Chadwick, Mutton Medicine and the Fever Question'. Bulletin of the History of Medicine. Vol. 7.2. 1996, Pp 233-265

condition, unemployment, social exclusion, food, addictive behaviour and transport cause difference in disease rate within different social groups<sup>13</sup>.

Similarly **holistic concept** of health is also a combination of biomedical, ecological, environmental, geo-political and socio-cultural concepts. It focuses upon social, cultural, economic, political and environmental factors responsible for health and illness<sup>14</sup>.

**Further health status** is a concept used to measure health. Concept of health status constructs variables like height and weight, nutrition, agility, sanitation, compliance with prescribed medications, treatment, activity, diet etc. Indices of health status are sex ratio; density of population, life expectancy, mortality, morbidity, birth rate, longevity; nutrition and access to health care. Epidemiologists also use Body Mass Index (BMI) to understand health status<sup>15</sup>.

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<sup>13</sup>Michael Marmot and Richard G. Wilkinson, Social Determinants of Health, Oxford University Press, New York, 1999, Pp 1-14

<sup>14</sup>K. Park, Parks Text Book of Preventive and Social Medicine, Banarsidas Bhanot, 2007, Jabalpur, Pp 13

<sup>15</sup>Bijay Kumar Behera, Gender, Health Status and Primitive Tribes, B and B Publishers, Bhubaneswar, 2009, Pp 11-12

Likewise **health culture** refers to part of culture which includes concept and meaning of health, health related problem and health behaviour of a community in context of their available and accessible health care. Health culture varies from community to community and it also undergoes change with respect to time and space. Health culture also determines health status of a community<sup>16</sup>.

**Illness Behaviour** means the way people perceive and evaluate symptom of disease and act upon it to get relief. **Edward Suchman** (1965) elaborates health behaviour with five key stages of illness experience. These are experience, assumption of sick role, medical care contact, dependent patient role and recovery and rehabilitation. Individual decides at their level proceed one stage after another or to discontinue it<sup>17</sup>. Symptom experience means perception of pain, discomfort and unease or some disruption in body function. Assumption of sick role means individual accepts his bodily discomfort as symptom of illness. Medical care contact is needed for sick person to get rid of illness. Patient must contact doctor and should follow his advice strictly. Dependent patient role is a state of physical condition of sick person, who needs care of some other persons. If illness is severe

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<sup>16</sup>Ibid Pp 12

<sup>17</sup>William C. Kockerham and Ferris J. Ritchey, Dictionary of Medical Sociology. Greenwood Press, Westport, USA, 1997. Pp72

patient needs some extra care to get recovery and if illness makes patient disabled he needs rehabilitation<sup>18</sup>.

**Community Health** refers to action and condition that protect and improve health of community. Community people have common way of life and they have similar belief and value pertaining to health. Socio-cultural, ecological, environmental and geo-political factors of health of community people are same. Thus, health behaviour and health status of people belonging to same community is normally similar. Therefore, it is important to know health belief, practices and health behaviour of a community before taking any action to improve health<sup>19</sup>.

**Access to health care** is conceptualised as multitude of services rendered to individual, family or community by agent of health care service. Access to health care means utilisation of health care service by people who need it. It concerns degree to which health care services may be obtained by large majority of population with acceptable and affordable means<sup>20</sup>.

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<sup>18</sup>Ibid 72

<sup>19</sup> I Sundar, Social Work Practices in Health and Medical Profession, Sarup Book Publisher Pvt. Ltd, New Delhi, 2009, Pp 239-262

<sup>20</sup>K. Park, Parks Text Book of Preventive and Social Medicine, Banarsidas Bhanot,2007, Jabalpur, Pp 27-28

**Health Policy** is general statement based on human aspiration, set of value, commitment or assessment of current situation and an image of a desired future situation. A national health policy is an expression of goals for improving health situation and the main directions for attaining them. Every nation defines its health policy at national level for improving health of its citizens. Crucial factors for realisation of goals are political commitment, financial implications, administrative reforms, community participation and basic legislation<sup>21</sup>.

**Primary health care** is defined in Alma-Atta conference (1978) as *‘essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individual and families in community through their full participation and at a cost that community and country can afford to maintain at every stage of their development in spirit of self-reliance and self-determination. It forms an integral part of both of the country’s health system, of which it is the central function, and main focus, and of overall social and economic development of community. It is first level of contact of*

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<sup>21</sup>Ibid Pp 29

*individuals, the family and the community with the national health system, bringing health care as close as possible to where people live and work*<sup>22</sup>.

### **Theory of Society and Health**

**Structural-Functional Theory** in sociology is established by August Comte, Emile Durkheim, Herbert Spencer, Bronislaw Malinowski, A. R. Radcliffe-Brown, Talcott Parsons, R. K. Merton and many others. It compares society with organism. An organism is made up of constituent parts which perform specific functions for survival of whole organism. Parts within organism are functionally autonomous and interdependent to each other. Society, like organism, is made up of social institutions. Social institutions originate as collective response to various social stimuli<sup>23</sup>. According to the theory every institution performs its specialised function in a patterned way to meet specific need of society. Institutions in a complex society are independent. Degree of complexity of society depends upon degree of specialisation and functional autonomy of its institutions. Basic

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<sup>22</sup> John H. Bryant, *From Alma-Ata to the Year 2000: Reflections at the midpoint on progress and prospects*, World Health Organisation, Geneva, 1988, Pp 15

<sup>23</sup> Ruth A. Wallace and Alison Wolf, *Contemporary Sociological Theory Expanding the Classical Tradition*, 6th edition, Pearson, 2005, Pp 10-40

postulates of functionalism are functional unity, universal functionalism and functional indispensability of institutions as illustrated by R. K Merton<sup>24</sup>.

**Emile Durkheim** in 'The Rules of Sociological Method' (1895) says social fact is basic element of society. To him, a social fact is 'collective way of acting, thinking and feeling presents noteworthy property of outside individual consciousness. Social facts are to be considered as things, which are social in nature. He establishes social facts in terms of collective consciousness. Society, according to him, is independent of individual and sui-generis in nature<sup>25</sup>. His work suicide (1897) studies social fact objectively as observes and experiments with suicide occurred in different empirical situations and generalises cause of suicide is more social than any other reason<sup>26</sup>. In suicide, he finds people commit suicide due to different social causes. Egoistic suicide occurs in minimum level of integration of individual with wider society and altruistic suicide exemplifies selfless sacrifice of a person for greater cause of society he/she belongs to. Anomic suicide is another type of suicide which takes place due to state of social anomie and fourth fatalistic suicide occurs due to extreme dependence on luck or

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<sup>24</sup>Ibid, Pp 10-45

<sup>25</sup>Emile Durkheim, The Rules of Sociological Method, Edited by Steven Lukes, First American Edition, Free Press, New York, 1982, Pp 50-147

<sup>26</sup>Raymond Aron, Main Currents in Sociological Thought 2, Penguin Books, USA, 1965, Pp 33-44

fate. Therefore Durkhiem's work on suicide helps to identify capability of larger society to create a stressful situation which compels individuals to commit suicide<sup>27</sup>.

**Talcott Parsons**(1951) views social system is formed by unit act of goal and mean by individual actor. Individual actor is goal oriented but selection of one's goal and mean depends upon situational condition such as biological makeup and heredity as well as external ecological constraint. Actor is also governed by value, norm and other kind of idea in social system<sup>28</sup>. According to him, actor becomes oriented to goal in terms of motive and value. Combination of motive and value of actor gives rise to instrumental, expressive and moral social action. Variously oriented actor interacts with each other and when interaction becomes pattern or institutionalised social system of status, role and norms is established<sup>29</sup>. He is of the view that normative organisation of status-role becomes central to concept of social system and social system is circumscribed by other parallel systems i.e. cultural, personality and behavioural system. Cultural system produces belief, value, norm and other ideas among actors. Personality system provides motive and role playing skills among actors. Integration within social system is based on

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<sup>27</sup> Ibid 30-45

<sup>28</sup> Janathan H. Turner, The Structure of Sociological Theory, Rawat Publication, New Delhi 1974, Pp 57-62

<sup>29</sup> Ibid 58-74

two functional requisites. First a sufficient proportion of actors should be adequately motivated to perform different roles and second, a social system must ensure minimum order and avoid deviance and conflict<sup>30</sup>.

In *Structure of Social Action* (1937) Parsons talks about mechanism of socialisation and social control which solve integrative problem of social system with other system. Socialisation is a mechanism through which value, belief, language and symbol are internalised into personality system. Socialisation helps actors to get motivation and to develop skill to perform social role<sup>31</sup>. To Parsons, role performance by actors is imperative for survival of social system since role performance is pre condition for existence of a social system. If roles are not performed by actors there occurs a social vacuum and social system cannot survive. One important cause of not performing role by actor is illness. Parsons gives a new role for actors who are unable to perform social roles due to illness. The new role is termed by him as **sick role**<sup>32</sup>.

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<sup>30</sup>Ibid Pp 68-69

<sup>31</sup>George Ritzer, *Sociological Theory*, McGraw Hill, New York, 2000, Pp

<sup>32</sup>Ibid Pp 300-580

Further he elaborates; sick persons are temporarily exempted from normal social role depending upon nature and severity of illness. A physician can legitimise sick role status to a person and permit him to exempt from normal social role responsibilities. Physician's endorsement is required so that society can maintain some control to prevent people from lingering in sick role<sup>33</sup>. A sick person is neither responsible nor he can be blamed for his illness. He can be cured of sickness if he is taken care of by physician or medical professional. However, a person having legitimised sick role must have to obey following obligations. First, sick persons must want to get well soon. He must not get accustomed to sick role. He must seek physician's advice without enjoying lifting of responsibilities. Second, sick person must seek medical advice and cooperate with medical experts to get well soon. Otherwise it creates suspicion regarding authenticity of sickness. Patient's refusal to treatment inevitably reduces patience and sympathy of his family and society<sup>34</sup>.

Parsons puts much importance upon health of actors who are performing social role or who are oriented to perform role. He defines health as a state of optimum capacity of an individual actor for effective performance of role and task for

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<sup>33</sup>Talcott Parsons, *Social Structure and Personality*, The Free Press, New York, 1964, Pp 258-275

<sup>34</sup>Ibid, Pp 260-270

which he has been socialised<sup>35</sup>. According to him, capacity of individual actor is relative to his status in society. Capacity is relative to differentiated role structure. Capacity is also determined by age, sex and level of attainment of education. Illness is a socially institutionalised role. It is regarded as disturbance of capacity of actors to perform normal role. Actor's physical incapability to perform role must be legitimated and he should get exemption from social role<sup>36</sup>.

**Conflict Theory** of later age is rather product of **Karl Marx**. It pinpoints inequality is based on production. Inequality in production divides society into different classes, where dominant class exploits subordinates in such a manner that condition of subordinates particularly of the working class becomes pauperised and alienated. To emancipate from inhuman exploitation, working class becomes class conscious and revolt to eradicate the existing system<sup>37</sup>.

Marxists like Dahrendorf (1959), Gramsci (1971), Lukacs (1923), Althusser (1971), Poulantzas (1974) and others provide different explanation of social conflict. Dahrendorf emphasises conflict of different interest groups for unequal

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<sup>35</sup>Ibid, Pp 260-275

<sup>36</sup>Ibid, Pp 265-278

<sup>37</sup>Raymond Aron, Main Currents in Sociological Thought I, Penguin Books, USA, 1965, Pp 111-183

distribution of political power. In a society process of institutionalisation involves creation of imperatively coordinated associations in which organisation of roles exists. Organisations within imperatively coordinated associations are characterised by power relationship. Power holders extract conformity from others and dominate them. Power and authority in society become scarce resources and conflict occurs in society due to unequal distribution of power<sup>38</sup>.

**Louis Althusser** and **Nicos Poulantzas** give importance of political and ideological superstructure to understand nature of superordination and subordination in capitalist society. Louis Althusser is of the view that capitalists maintain hegemony by using ideological apparatus. There are two types of apparatuses like repressive state apparatus and ideological state apparatus. Repressive state apparatus is used by capitalists for suppressing workers movements and ideological state apparatus is used to manage worker for making surplus value<sup>39</sup>.

Marxists like Samir Amin (1974), Wallerstein (1998) and Andre Gunder Frank(1950) are of view that global differentiation of economy takes place due to

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<sup>38</sup>Janathan H. Turner, The Structure of Sociological Theory, Rawat Publication, New Delhi, Pp 152-162

<sup>39</sup> Anthony Giddens and David Held, Class, Power and Conflict Classical and Contemporary Debates, (Ed), MacMillan, hound mills, 1982, Pp 93-101

nature of international division of labour. World system of capitalism is characterised by domination of centre to periphery. Centers in modern world system are capitalist nations. Underdeveloped countries of Asia, Africa and Latin America are periphery which helps capitalist nations to grow further in expense of their own growth. Third world countries are underdeveloped because of exploitation made by the capitalist nations of the world. These scholars also show the difference between wages and working conditions of labourers in underdeveloped and developed countries<sup>40</sup>.

According to, **William C. Cockerham** (1989) one of the most important aspects of conflict theory is its capacity to explain the policies associated with health reform. Conflict theory allows researchers to chart maneuvers of various entities of sociology of health like medical profession, insurance companies, drug companies, business community etc. He also points out that some conflict theorists are concerned with classical Marxism to explain health policy and disadvantage of working classes in capitalist society. Vincent Navarro (1994) is a renowned scholar in this field.

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<sup>40</sup>EvaEtzioni-Halevy, Social Change Advent and Maturation of Modern Society, Routledge Kegan and Paul, UK, 1981. Pp 64-73

Cockerham also suggests conflict theory can be used to conduct research on health particularly to study role of competing interests in health care delivery and policy, sources of illness and disability in working environment, health of working class, differences in health lifestyles and capitalist ideology supportive of physician-patient interaction<sup>41</sup>.

Interpretative perspective in sociology was introduced by **Max Weber**. He strongly criticises application of positive method in social research. According to him, sociology deals with subjective meaning of action of individual actors and subjective meaning cannot be understood by method of objective sciences. He introduces interpretative method to study social phenomenon. His method is known as *verstehen* which is applied for empathetic understanding of social action<sup>42</sup>. Max Weber compares development of rationality and its impact on different societies. According to him, rationality gave birth to western capitalism and bureaucratic organisation. Emergence of modern organisation, development of science and technology in western society took place due to rationality of human thought and action. Third world countries like India and China were

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<sup>41</sup>Ibid Pp10-99

<sup>42</sup>H. H. Gerth and C. Wright Mills, From Max Weber Essays in Sociology, (ed) Routledge. London. 1995, Pp30-70

characterised by religious traditional and absence of rationality and were lagging far behind the west in respect of economic and scientific development<sup>43</sup>.

Followers of Max Weber in field of health and illness are concerned with how rationality is helping in development of modern medicine and health care. One of the important aspects of health care institution in modern society is its organisational structure<sup>44</sup>.

According to Max Weber (1930), basic property of formal organisation like hospital is rationality. Hospital is formal organization where rationality ensures administrative efficiency and achievement of particular objectives. Like any other formal organisation, hospital has its objectives, formal structure, work norms and relationship with its environment. Any formal organization must have primary task or function to perform for its survival. All organisations have formal structure through which role is defined, authority is delegated and responsibility is assured<sup>45</sup>.

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<sup>43</sup>Max Weber, *The Protestant Ethic and Spirit of Capitalism*, Routledge, London, 1930, Pp 13-38

<sup>44</sup>William C. Kokerham, *The Blackwell Companion to Medical Sociology*, (Ed) Willy Blackwell, West sussex, 2001, Pp 1-99

<sup>45</sup>Ibid, Pp 19

According to him, hospital is a large scale organisation where many people work together. Bureaucratic structure in hospital provides an internal hierarchy of authority through which workers are allocated different roles and their performance is controlled and supervised by their seniors<sup>46</sup>. Within an organisation, a pattern of inter-personal relation and communication is developed among persons at different positions. Structure vis-a-vis relationship within organisation has far-reaching effects on ultimate task of organisation<sup>47</sup>.

Further in ideal type of bureaucratic structure as described by Max Weber shapes pyramidal hierarchy in an organisation. Authority in an organisation is centralised and rule and regulation are defined. Rule is basic criteria for actions within an organisation. Rule also regulates behaviour of participants within organisation. An individual officially communicate with his immediate senior and immediate subordinates. Orders and requests are passed down one step at a time. Such a structure is believed to contribute a high degree of administrative efficiency<sup>48</sup>.

Motivation and control are fundamental to study of behaviour in a bureaucratic organisation. Participants are motivated on basis of certain psychological and

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<sup>46</sup> Ibid, Pp17-21

<sup>47</sup>H. H. Gerth and C. Wright Mills, From Max Weber Essays in Sociology, (ed) Routledge, London, 1995, Pp196-240

<sup>48</sup>Ibid, Pp 210-239

economic factors. Some of these factors are desires for material gain, ego satisfaction, desire to avoid mental stress and status recognition<sup>49</sup>.

**Amitai Etzioni** (1961) is of view that character of an organisation is greatly shaped by dominant patterns of motivation and control mechanism. He highlights three kinds of involvement like alienative, calculative and moral depending on kind of power applied by organisation to its participant to ensure conformity. Such system of powers is described as coercive, remunerative or normative<sup>50</sup>.

**Symbolic Interactionism** focuses upon interpersonal relationship. This theory is established by Herbert Mead (1967), Blumer (1969) and others. According to Mead and Blumer, individuals are active constructors of their own conduct, who interpret, evaluate, define and map out their own action, rather than as passive beings impinged upon by outside forces. Symbolic interactionism is also concerned with how individual makes decision and forms opinion<sup>51</sup>.

In field of health and illness symbolic interactionism examines interaction among different role players in health and illness drama. Symbolic interactionist stress on

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<sup>49</sup> Ibid. Pp 196-240

<sup>50</sup> Amitai Etzioni, A Comparative Analysis of Complex Organisations on Power Involvement, The Free Press, New York, 1975, Pp 1-584

<sup>51</sup> Scot Apppelrouth and Laura Desfor Edles, Classical and Contemporary Sociological Theory, Pine Forge Press. Los Angeles. 1965, Pp 480-536

how illness and the subjective experience of being sick are constructed through doctor –patient exchange. Illness is a social accomplishment among actors rather than just a matter of physiological malfunction<sup>52</sup>.

Erving Goffman has contribution in sociology of health and illness. Goffman carried out several researches on health. He studies life of patient in mental hospital following symbolic interactionist perspective. His classical work is ‘Asylum’ (1961) where he talks about ‘total institution’ a concept which is concerned with social situation of people confined by institutions. His observation also helps him to develop notion of impression management and dramaturgical perspective in sociology that views life as theatre and people as actors on stage<sup>53</sup>.

**Feminist Theory** is extension of feminism into theoretical or philosophical discourse and is most concerned with giving a voice to women and highlighting various ways women have contributed to society and cause of their suffering. It aims to understand nature of gender inequality. The theory describes gendered nature of health and illness. Main concern of feminist theory is to find out way in which medical treatment involves male control over women bodies and identities. The theory constructs a social account of female body and its regulation by male-

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<sup>52</sup>Ibid, Pp 480-500

<sup>53</sup>Ibid, Pp 500-536

dominated society. Another aspect of the theory is that it deals with sexist treatment of women patient by male doctor and less than equal status of female physician in professional setting and hierarchy<sup>54</sup>. It further highlights oppression based on gender exists in all respects of women's live and transcends contemporary culture, economic system and even health care service. New millennium provides an opportunity to explore an alternative framework and philosophy that will change current paradigm of women's health care<sup>55</sup>.

**Post-structural Theory of Michael Foucault (1961)** based on two principal concepts like archeology of knowledge and genealogy of power. Archeology focuses on a given historical moment, while genealogy is concerned with historical process. To him archeology of knowledge and genealogy of power establish relation between knowledge and power in any social discourse<sup>56</sup>.

In his work 'Madness and Civilisation' (1961) Foucault highlights historical account of madness. To him, madness and reason was not separated in renaissance period. There was a continuous dialogue between madness and reason during that period. In middle age mad people were locked up along with people suffering

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<sup>54</sup>George Ritzer, Sociological Theory, McGraw Hill, New York, 2000, Pp 443-486

<sup>55</sup>Ibid Pp 450-486

<sup>56</sup>Ibid,Pp 560-599

from leprosy. Mad men were treated as like as animals. Their ultimate destination was prison<sup>57</sup>.

Development in scientific knowledge in Europe helped mad to come in contact with expert of medicine, psychology and psychiatry. Expert understands madness as a social problem and initiates to alter previous discourse of madness. Thus, modernity helps to change popular idea of madness<sup>58</sup>.

In his work 'The Birth of the Clinic' (1963) Foucault highlights historical development of medical practice. According to him, clinical observation developed in Europe during nineteenth century. Human body became objects of observation in that period. Clinical observation altered traditional views on life and death. Causes of disease were known by clinical observation and medicine was discovered. A new discourse on disease and illness emerged within a short span of time<sup>59</sup>.

Foucault is concerned with knowledge power relation in medical science. Medical professional uses power in clinic and hospital due to their knowledge of medicine. Physician becomes authorised to take decision independently in hospital and to

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<sup>57</sup>Berry Smart, Michel Foucault, Routledge, London, 1985, Pp 1-120

<sup>58</sup>Ibid, Pp 30-99

<sup>59</sup>George Ritzer, Sociological Theory, McGraw Hill, New York, 2000, Pp 443-486

treat patient without outsider intervention<sup>60</sup>. According to him, physicians gaze patients in clinics. Gaze is language of clinic. In his work 'The Birth of the Clinic' he highlights knowledge power relation in gaze or clinical examination of sick person and autopsy of a dead body. Autopsy helps to change idea of dead body<sup>61</sup>. In his another book 'History of Sexuality' (1976-1984) Foucault correlates power, knowledge and pleasure to define power-knowledge-pleasure in discourse of human sexuality. He mentions that in certain historical era sex is suppressed by imposing law but modern era is different because of development of science and technology and change of people's outlook. Sex cannot be suppressed by legislation. In renaissance sodomy was a forbidden act but in modern era people practice it<sup>62</sup>.

At the end of 19<sup>th</sup> century, homo-sexuality becomes common phenomenon. Homo-sexuality is now free from social restriction. According to Foucault, prostitution is a rebellion against women's economic, social and sexual role. Prostitution is run by men for interest of men. It is a business from where state is directly getting benefited. Male are dominating female prostitutes in brutal<sup>63</sup>.

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<sup>60</sup>Michel Foucault, The Birth of The Clinic, Special Indian Edition, Routledge, London,2003, Pp 107-130

<sup>61</sup>Ibid, P120-128

<sup>62</sup>Berry Smart, Michel Foucault, Routledge, London, 1985, Pp 1-120

<sup>63</sup>George Ritzer, Sociological Theory, McGraw Hill, New York, 2000, Pp 443-486

Following Sigmund Freud's work 'Three Essays on the Theory of Sexuality' (1905), Foucault views that sex is truth of life. From his empirical observation Foucault views that women's bodies are saturated with sexuality. Because of sexual saturation women get hysteria. Such women are nervous women. To control hysteria, they need to be married so that they get opportunity for outlet of their saturated sex. Foucault believes on positive effect of children education on sex. He also holds the view that sexuality is a biological and psychological instinct which is to be tackled by psychiatry<sup>64</sup>.

**Conclusion:** It is difficult to define and conceptualise health because of its multidimensional nature and wide range analysis. Any unipolar, single concept is not sufficient to define health in a given situation as the present study demands. Rather multiple concepts like biomedical, ecological, socio-cultural concepts are useful to define health. All these concepts are discussed and defined in this chapter, which may help to get holistic idea of health covering programme, policy and implication in a micro situation. Theories of health and illness especially sociological theory may become rudiment to help operationalise concepts of health, health care, illness behaviour, primary care etc. Theoretical debate among student of health study as well as of sociology of health may unravel new arena to

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<sup>64</sup>Ibid, Pp 443-480

study health in different perspective. Indeed, it is difficult at this stage to follow a single approach or theory to understand and analyse health in totality. Therefore multiple theoretical approaches may help to arrive at a holistic idea of health in the present study in due course of exploration vis-à-vis investigation in following chapters.