

## Chapter VII

### Summary and Conclusion

**Chapter I** deals with concepts and theories of society and health. Bio-medical concept of health and illness provides one-sided and incomplete description. Bio-medical concept of health is only concerned with physiological factors. Health is rather viewed as geo-political, ecological and socio-cultural product. Sociologists and social anthropologists give much importance upon social determinants of health. Important concepts on sociology of health developed by sociologists are social etiology of disease, health culture, health behaviour etc. These concepts are used to study health status of Patni community. Classical social theorists establish relationship between health and society. **Talcott Parsons'** concept of sick role throughs light upon relationship between social role performance and health of an actor. According to Parsons, role performance is vital condition for survival of any social system. For complex societies multiples roles are needed to be performed by differently oriented actors. If an actor cannot perform his role due to sickness there occurs a social vacuum. In such a situation society must respond to overcome this problem. Parsons suggests for new role to be given to sick person for his rapid recovery from

illness. This new role is known as sick role. A person having sick role gets exemption from his or her normal role but he must fulfill some obligations. **Emile Durkheim** is the first person to identify social cause of committing suicide and which is accepted across disciplines as pioneering theory of social causes of mental disorders. In fact structural functional theory could not stand before its social critiques. But following works of classical social thinkers like Parsons, Durkheim, Marx, Althusser, Goffman contemporary social scientists have enlarged the scope of sociology of health and illness. Social theorists of contemporary era are enriching their own paradigm with new discourse of health and illness. Weberians are concerned with structure and function of bureaucratic hospital organisation. Marxists criticise capitalists' intervention and control over health care market. Symbolic interactionism deals with day to day drama of actors in lifeworld of health and illness. Finding all these theoretical weapons in hand a researcher in field of health and illness may rather get confused for what concepts to be operationalised for his own empirical investigation. For studying health of a micro community so many conceptual tools are available to use. Both Marxian and Weberian phenomenological perspectives are taken for purpose of study. Marxian perspective is more appropriate in studying health status of Patni community because it

provides suitable concepts to correlate both material and non-material aspects of Patni community with their health status. Idea of relationship between economy and health as well as education and health is developed from Marxian concept of material and non-material aspects of society. Weberian perspective is used to establish relationship between culture and health of Patni community. It is found that not only economy and education are related to health status through several pathways but culture plays an important role in determining health of Patni in Cachar district. Traditional belief, value and idea are mostly concerned with health belief and health behaviour of Patni. Patni's faith on folk medicine and their use in healing several diseases as well as their respect on folk healer clearly shows that still majority of Patni hold strongly their traditional belief and value. Thus health of Patni is studied in terms of economy, education and culture by following both Marxian and Weberian phenomenological perspectives.

**Chapter II** deals with framework of study. In this chapter methods and techniques of collection of data, analysis of data have been discussed. Health status of Patni community in Cachar district is problematised with keen interest because this community is having long tradition of backwardness due to hegemonic domination and subjugation. Their contemporary socio-cultural, geo-political and environmental situation

attracts my attention to develop a research problem on their health status. Different literatures on sociology of health and illness as well as social history of Patni community are studied to prepare statement of the problem. Empirical studies conducted by different scholars in the field of health, illness and society are reviewed to find out research gap. Study is made significant with a research question which enquires how health status of Patni community is determined by society they live in. Basic concepts and hypothesis for study are developed by gathering knowledge from different sources. Three working hypothesis are formulated to conduct and proceed study in right direction. Knowledge gathered from different literatures helps a lot to formulate objectives of study. Four objectives of study are formulated which are concerned with health status of Patni, health status and its relationship with social status of Patni, access of Patni community in health care system and influence of culture on Patni's health. Study is scientifically designed to test hypothesis and to fulfill objectives. Both descriptive and exploratory designs are found suitable for study. Universe of study is identified by going through secondary source materials like census report, voters list, records maintained by department of statistics government of Assam etc. Primary data is also collected from Barak Valley Patni Parishad for gathering thorough knowledge on universe. It is found

that around eighty thousand Patnis living in different parts of Cachar district of Assam constitute universe of study. Entire Cachar district is universe of study and Patni inhabited villages constitutes unit of sample. Vast universe is scientifically converted into to a small representative sample of three hundred Patni households for study by gathering thorough knowledge on universe. Barak Valley Patni Parishad, a social organisation of Patni has helped a lot to gather knowledge on Patni populated villages in Cachar District. As per secondary source materials and data provided by members of Barak Valley Patni Parishad Patni are concentrated mainly in five Legislative Assembly constituencies of Cachar district. These are Dhalai, Sonai, Katigora, Silchar and Barakhola Legislative Assembly constituencies. From each of these legislative Assembly constituencies at least two villages or localities have been selected for conducting field work. From each village or locality twenty five respondent households have been randomly selected. Only from Silchar town fifty respondent households have been selected. Since study is ethnographic in nature therefore participant observation, interview guide become appropriate tools for data collection. Field work diary is maintained and used for entire field work. Total three hundred forty four days are spent in field to complete entire

field work. After field work data have been tabulated and analysed to write report of study.

**Chapter III** deals with socio-economic profile of Patni community in Cachar District of Assam. Patni community is a marginalized community who are having a long tradition of poor socio-economic condition. Patni is found as an occupational category in literatures of different historical periods. Different literatures narrate their social history differently. But most accepted belief among Scholars regarding this community is that they migrated from Patna of Bihar and settled in the river banks of syllet region of Bangladesh. Their traditional occupation is boating. In course of time they shifted towards east part of undivided syllet and started agricultural activity by clearing unused land in the river side. In this region too they became victim of social discrimination and exploitation. It is believed by majority of Patni intellectuals that their forefathers belong to Mahishya, a kshatriya community of Bengal who were engaged in agriculture and trading. During period of Ballal Sen of Bengal their social status was forcefully degraded and they were regarded as having equal status to untouchables. In Cachar also during pre-British and British period they were kept away from social amenities by the then upper caste people. No priest and barbar used to perform their ritual activities. But subsequently

some social reformers of upper caste background helped this community to come forward and to become sanskritised. In fact Patni struggled a lot to retain their kshatriya identity. Though they claimed to be kshatriya Mahishya to upgrade their caste status but subsequently they fall under scheduled caste category after independence. Socio-economic condition of contemporary Patni community is poor. Their educational and economic status is very poor. Because of poverty and poor educational attainment they could not take prestigious occupation. Majority of Patni are day labourers, carpenters, masons, helper of masons and poor farmers. Very few Patni are middle class farmers, government employees and working in private farms. Majority of Patni households in villages do not have cultivable land and those who have are not able to produce crops throughout the year due to either flood or drought. Housing condition of majority of Patni is worst. They mainly live in huts made up of bamboo and chawls or bamboo with tin. Very few Patni have house made of bricks and tin or concrete house. Facility of household water and pure drinking water is very poor. Still in villages Patni use pond or river water for household or drinking purpose. In dry season people suffer from water crisis and use to carry water from far distant places. Majority of Patni in Cachar District are residing in remote villages. Their villages are far away from market,

motorable roads, government offices, educational institutions and hospitals. Ecological factors as well social discrimination determine their poor economic condition in this region.

**Chapter IV** deals with economy, education and health of Patni in Cachar district of Assam. Economy and education are two important determinants of health. Relationship between economy and health is established by scholars of sociology on health and illness across the globe. Marxian scholars put much importance upon role of economic relationship in shaping all other social relationships. Marx himself believed that mode of production or economic infrastructure of a society determines non material superstructure. In sociology of health too scholars relate economy with health status in different empirical situation. Many scholars compare economic condition and health situation of different nations to establish relationship between these two. All theoretical works on economy and health are concerned with macro society only. But it is very difficult to find pathways through which economy of a micro community is related to their health. In present study three pathways have been established to link economy with health. First, economy and nutrition of Patni, second economy and sanitation and third economy and access of Patni to health care system. It is found from study that nutrition of Patni is very poor due



economic reason. Patni people are not able to fulfill minimum dietary requirement on daily basis due to poor economic condition. Study shows that majority of Patni are neither economically sound enough to intake nutrients by self as per recommended quantity on daily basis nor they are able to feed their children adequate amount dietary supplements daily. This deficiency of nutrients definitely affects their health. It is found from study that sanitation of Patni community is also related to their economy. Sanitation needs money. Safe and pure drinking water is neither available nor affordable to majority of Patni. Like economy education of Patni too determines health. Education determines health of Patni in numerous ways. First, education determines cognitive orientation of Patni towards health. In a comparative analysis made on health knowledge of educated and uneducated Patni it is found that educated Patni are having more health knowledge than uneducated Patni. Second, education determines income of Patni and consequently determines health. Third, mother's education is related with awareness for children's health. It is observed that educated mothers are more concerned about child's vaccine and nutrition than uneducated mothers. Fourth, education of Patni is related to maternity care. It is found that pregnant Patni women are victim of illiteracy of self, husband or senior family members. Pregnant women are forced to do

unhealthy and unscientific practices by illiterate guardians or husband. It is also found that diet restriction is imposed on pregnant women by their illiterate guardians. Therefore, it is observed that both economy and education determine health of Patni in numerous ways.

**Chapter V** deals with culture and health of Patni community in Cachar district. Culture of a community plays an important role in determining health. Different studies show that culture influences health in different ways. Culture creates people's perception of disease and illness. Culture shapes illness behaviour and cultural components affect health care. With a view to study role of culture in determining health of Patni community data have been collected from field which supports relationship between traditional belief, value and health behaviour of Patni community. Study reveals that Patni community has strong belief on folk medicine and they keep faith upon folk healers. Majority of them still perceive that disease is not only caused by physical factors but supernatural power also causes disease. Good health is a gift of god and people only maintain it. There are diseases which cannot be cured by medicines unless these are treated by folk healers. According to majority of Patni people, certain kind of diseases like displacement of navel, *olmi* (joundice), *Sutika* (post delivery complexities) etc are hardly cured by allopathic system of medicine. Folk

medicine is the best medicine for these diseases. Certain kind of diseases like *gachmura* (erectile dysfunction of male), *bana*, *najar* etc are caused by evil people who know black magic. They still believe that black magic is so powerful that it may take life of people if it is applied to someone by his or her enemy. Patients must go to folk healer on time for its treatment. Study also reveals that traditional belief and value on health and illness are getting removed from mind of Patni very slowly due to spread of education. Majority of educated Patni do not keep much faith upon folk medicine or folk healer. They have more rational outlook in matter of disease, illness and treatment. Modern medicine is regarded by them as the best medicine to cure disease.

**Chapter VI** deals with health status of Patni community in Cachar district. Health status refers to current state of one's own health which includes status of one's wellness, fitness and underlying disease or injuries. In physical sense health status is linked with influencing factors like height and weight, nutrition, agility and flexibility or ability to move. Health status of a community is measured by different indices of health like mortality, morbidity, nutrition, disability and access to health care. Measuring mortality, morbidity and nutrition is very difficult task. But still attempts have been made to measure health status of Patni with these parameters.

Mortality is measured by different mortality rate like maternal mortality rate, infant mortality rate, crude death rate, child mortality rate etc. In present study it becomes very difficult to find out rates of mortality with small number of respondent households. Therefore, trend of different category of mortality among Patni is observed in this study. It is found that all kinds of mortality exist among Patni. Maternal mortality, infant mortality, child mortality are present along with death of elderly people. In present study total 4 cases of maternal mortality has been found. Infant mortality is also present in Patni community and total 5 cases of death of infants are found in present study. Morbidity of Patni community is too much. Majority of Patni suffer from numerous diseases. Diarrhea and dysentery, cough and cold, fever with body ache and head ache are most prevalent among Patni community. Dental problems and skin diseases are prevailing among them. Despite of these diseases good number of Patnis are suffering from chronic diseases including tuberculosis, cancer, cardiovascular diseases and many other serious diseases. Very few people reported absence any of disease during study period. Nutritional status of Patni is also very poor. Majority of children and women are suffering from deficiency diseases. Anemia is most common to children and women. Children's growth is also getting hampered due to malnutrition. Height and

weight ratio of children as per medical guidelines are not matching with their acquired ratio which indicates presence of malnutrition among Patni children. Patnis have little access to health care system. Majority of poor Patnis are depended on government health care services. But government health care services, particularly in rural areas, have neither adequate number of professional doctors and para-medical staffs nor have adequate quantity of life saving drugs or tools and equipments for pathological test. For health care poor Patni go to hospitals which are far away from their house or remains untreated without emergency. To get relief of diseases they first go to quack practitioners or medicine shops and if diseases are not controlled they come to hospital. Many poor Patni report non-cooperation, ill behaviour and discrimination made by doctors and Para-medical staffs in government health centers.

**Major Finding:**

1. Patni of Cachar District are having long tradition of socio-economic backwardness.
2. Majority of Patni are poor and illiterate in the region.
3. Patni's health status is determined by economic subservience vis-a vis poverty stricken condition.

4. Lack of educational attainment contributes poor health knowledge and health awareness of Patni.
5. Lack of educational attainment contributes to poor health status of Patni.
6. Socio-cultural values and institutions of the region as well of the community influence a lot to the health condition of Patni people.
7. Failure of governmental measures to promote and ensure proper health care among Patni is responsible for their poor health.
8. Patni have poor access to nutritious food, pure drinking water and proper sanitation.
9. Both quantity and quality of their dietary intake is not adequate for maintaining good health.
10. Both children and women are suffering from malnutrition and deficiency diseases.
11. Patni of this region have almost little or no access to modern health care facilities.

12. Majority of Patni delay treatment or remain without treatment of disease due to poverty.
13. Patni have very poor access to life saving drugs and pathological tests.
14. Government health care institutions cannot provide Patni full health care due to poor infrastructural facilities.
15. Due to poverty and illiteracy Patni are victim of indifference and discriminatory attitudes of health care personnel.
16. Patni still believe in folk medicine and magico-religious practices.
17. Educated Patni are less favouring folk medicine and magico-religious practices than uneducated Patni.
18. Economic condition, lack of educational attainment and traditional culture play important role in use of folk medicine.

**Suggestions for further research:** Present study focuses and highlights health status of Patni in Cachar district of Assam. Study reveals that how poverty, illiteracy and ignorance of a micro community like Patni determine their health and well being. Thus this study opens ways for conducting further research on health and illness of micro communities from sociological point of view. It is experienced from present study that

research on health and illness needs interdisciplinary support, huge financial aid and sufficient time. Because of lack of all these supports various aspects of health like mortality, nutrition, disability and health problems of aged could not be studied as per expectation which needs more in-depth, quantitative and explanatory kind of research. Present research would help to formulate new research problems and to concentrate on these issues in future.

**Conclusion:** The study reveals that economy, education and culture of Patni people in Cachar District of Assam determine their health. Poor economic condition, poor educational attainment and deep rooted nonscientific belief along with poor implementation of government health related drives cause serious health hazard among Patnis of Barak valley. Health problems of Patni of this region need serious attention. Government health facilities are very poor which are to be increased and properly implemented as per need of the community. More number of health centers are to be opened in Patni dominated localities with sufficient doctors, supporting staffs and availability of life saving drugs. Multidimensional development activities like spread of education, construction of rural roads,



housing, water supply, employment guarantee along with medical facilities are to be initiated and implemented properly to protect health of Patni in this region. Health insurance becomes very vital to avail and afford contemporary health care services. Therefore, poor Patni should get health insurance facility at free of cost. This will help them to save life during serious illness. Government officials involved in development activities and health services should pay their proper attention to help poor Patni of this region. Social researchers, planners, political leaders, teachers and social workers should think about a poor community like Patni in Barak valley region of Assam.