

Chapter V

DISCUSSION AND CONCLUSION

Barak Valley a small piece of geographical area between the river Barak and Kushiara, is endowed with rich traditions of Indo-Aryan culture. Jurisdictional separation of two districts of Karimganj and Hailakandi from the hamlets of Cachar district is simply a geographical separation made of late. Culturally, the entire valley is bounded in one thread of Bengalee culture inherited from watered civilizations of Bengal. Historical and geographical situations of the valley give an account of the valley's relationship with Bengal and Bengalee people. Despite separate historical development the valley discloses the attributes of homogeneity in varied religious groups. Socio-economic organizations of the valley display an interaction of tradition with modernity. The tradition-modernity dichotomy is seen in the realm of health care also. Health is institutionalized by both informal and formal health care sectors.

The meaning and interpretation of health and health care activities are by and large influenced by culture. Multifarious meanings are attached in interpreting the term health. The term health is perceived only in terms of physical health and emphasis on mental health is not taken in to account. Prima facie is given on three factors to account the term health: (i) the concept of status and role is associated with the term health. As health is meant only the capacity of an individual to perform the expected function assigned to an individual's status, (ii) digestive capacity of individual also come in to account in interpreting the implicit meaning of good health and (iii) different meanings of health are attributed to the different groups of people in terms of their age and sex. Disease is perceived as product of

supernatural forces. It is also seen as the forces of fate and hence fatalistic attitude is predominated in determining the behavior related to health and disease.

The present study illuminates the fact that the disease and sickness are seen as supernatural phenomena. Preventive and curative aspects regarding health and diseases are implicit in day to day activities and are seem to be deep rooted in cultural tradition. Further, socio-cultural settings affect on health seeking behaviour of the people within the realm of tradition. The socio-cultural influence on health is independent of income, education, occupation, urbanization, and development of health care sector. The health seeking behaviour of the people have been supposed to be highly associated with the traditional beliefs, customs and practices that cannot be given up even in the era of domination of cyber world. Some of the common variables to health seeking behavior are life style of person, the seriousness of condition, the tolerance threshold of the patient, the frequency of recurrence, the knowledge related to disease, economic condition of people, availability of avenues of treatment and above all culture of the community.

There is an existence of strong faith in supernatural powers and have strong feeling that different deities and spirits are responsible for causation of different diseases. There are traditional healers in the community, who identify the cause of illness and treatment. The traditional healers develop faith and assurance for good health in patients and treat him or her. Traditional culture has made people self reliant and have developed protective mechanism for their survival. People's cognitive knowledge related to health and disease are submerged under the efficacy of cultural values. It is observed from the study, the beliefs and customs, pseudo consciousness may be, associated with disease and health care practices. They are by and large relevance for particular disease as well as prevention of disease or seeking treatment in ailment. Since the days of pre-modern era people

had no control over the natural and physical world; but had the power of adaptability to cope with natural and physical elements, different mechanism through people's action are developed to adapt with the environment that are ultimately transformed in to culture through unrelenting practices . Disease and sickness are products of natural and physical forces. In order to conquer the disease and sickness people have adopted the mechanism in their own way which is reflected in their day to day behaviours. The religious value added to such activities help adopting these behaviours without any resistance. Every social prescriptions and proscriptions are functionally latent in maintaining good health and disease. People are accustomed to the daily activities not because they are good for health but they observe it as they are socially and religiously sanctioned, violation of that may cause the dissatisfaction of gods. Dissatisfaction of gods may bring in to being all kinds of harm in the family including disease and sickness. Specific gods are worshiped for specific activities of life. They worship different gods who control a particular disease or inflict a particular disease and sickness as well as providing good health. People worship these deities to protect themselves from evil spirits. They also believe in the presence of benevolent and malevolent spirits. The former plays a protective role, while the latter are considered to be responsible for causing diseases and epidemics. The role of unforeseen spirit is so significant in the life of the people of Barak valley that they often seek the help from traditional diviners, medicine men, exorcists and so on.

The folk ways practiced in Barak Valley in their day to day activities in terms of food habits and food taboos, method of cooking and preserving food, utensils used for domestic activity, gender sensitivity regarding distribution of food, maternity and child care reflect people's cognitive knowledge on survival that are directly or indirectly related to health and diseases. Peoples' idea on health

and disease are at metaphysical stages. The culturally prescribed behaviour and knowledge are transmitted from generation to generation through the process of socialization. Their knowledge related to particular phenomena is limited with only “this or that should not be done.” For instance they are unable to correlate spreading cow dung water at the courtyard of their home or maintain other type of cleanliness in kitchen to any natural or supernatural explanations. For them meaning of cleanliness is to remain free from the vision of an invisible power and dissatisfaction of goddess Lakshmi, the deity of wealth and prosperity.

Religious commitment and practice of traditional medicine as well as activities relating to satisfying supernatural beings in seeking treatment are deeply entrenched in culture. Dhatri plays a proactive role in the process of care needed for a mother in giving the birth of a child. The cultural ideas and prejudices are more pronounced in regard to the beliefs and practices related to maternity and child’s health. The practices and taboos imposed on a pregnant mother and children are followed equally by educated and uneducated, upper and lower caste, young, adult, rich and poor. There may be not a single family in the entire valley irrespective of its socio, economic and educational status that has no faith or do not observe the customs like *swad bhakshan* , *rupasi broto* and so on for a pregnant mother .

People in general have certain limitations regarding the meaning of health and disease. However, within the limits of their own respective worldview, the society has definite means for identifying and classifying various kinds of ailments and diseases. But what is common and universally seen is taking some action against disease. The plurality of beliefs regarding disease causation and curative actions are observed in the behaviour of all. The beliefs regarding the causes and curative aspects of disease which have been diagnosed in the past are not affected

by the spread of modernization, impact of education, urbanization and improvement and availability of health care facilities. Though the impact of all these factors is able to bring a change in the outlook of seeking treatment in formal health care sector but priority is given to home remedy, satisfying gods and goddesses, performances relating to supernatural agencies and traditional medicine. Preference to formal institutions of health care is the last resort in many cases. Seeking treatment with modern medicine is also of two types: allopath and homeopathy. Many people prefer to take homeopathy medicine instead of allopath. However, efficacy on home remedies can not be ignore since they are hardly ignore even when allopathic treatment is seeking. Where there are strong religious beliefs about the diseases healers play catalytic role in providing treatment, and they also reinforce such cultural ethos in disease like pox, jaundice and measles which are attributed to supernatural cause. Healers are believed to be prudent in keeping the knowledge related to disease and its cure. The patients resort to the allopathic health care system yet they could not give up the ideas of supernatural causation and cure. However, there are diseases recognized with the development of forces of science and technologies that are not related to mystical belief. In regarding such diseases people have neither any supernatural belief nor any pantheon to worship for cure in their culturally constructed perception. Such diseases are formation of gallbladder stones, tuberculosis and cancer that people have no options but resort to allopathic medicine. But even in these diseases are not free from the belief that the disease are caused at the will of god or due to bad luck or fate. The view people hold and presuppose about health and disease may be regarded as 'social fact' what Emile Durkheim has put forwarded with reference to the maintenance of social solidarity. Common beliefs regarding health and disease bracket the individual differences and cognitive capacity.

Hepatitis is one such disease which deals with plurality of beliefs and practice. Hepatitis is perceived as phenomena of natural force, the treatment of which lay supplications to supernatural forces. The mystery of supernatural forces gets shrouded under pseudo consciousness and their culture gives shelter to the ignorance by allowing pre-conceived notions of relationship between biological needs and cultural environment. The supernatural explanation to jaundice is not excluded from the folk natural causation. The etiology of jaundice in the cultural perception of the community is based on biological theories of diet, heat and bodily humors that explain most other ailments diagnosed of late provoking such folk ideas of natural causes. Healers play a catalytic role in providing the treatment for hepatitis. Healers are a group of people accorded with different status of honor and respect which is achieved by virtue of acquiring knowledge and practice of healing. Almost all the healers claim to have learnt the art of healing through spiritual practice or divine intervention. The treatment of healer is found to be relatively free from any perplexing knowledge. People regardless of their educational and income and status background are found to have been seeking healers' treatment. They are believed to have keeping correct information regarding the cause of jaundice except their wrong conception related to hepatitis and turmeric. The relevance of healers' treatment is not excluded from the definition of biology cause because it is found that almost all the healers advise the patients to take the medicine of liver or they themselves prescribe some herbal medicines which might be beneficial for curing the disease. Implicit in healer's role is a kind of psychological support which the sick individual and his family members are required to have relief from the trauma owing to disease. It is so because disease seems to create crisis situation for the sick individual and his or her family members, especially those who are down trodden and seems to posses

no idea regarding the disease and sickness. Since the healer is considered as knowledgeable person related to the disease interaction with healer helps generating a kind of mental solace in the crisis situation. The situation can be perceived from Malinowski's proposition regarding religion that it is functional in crisis situation. Concept of "we" feeling is one of the important elements attributed to community. People's dependency on healer is due to their 'in group' status as they can interact with them very easily is a manifestation of communal fellow feeling which is pronounced in health seeking behavior. Along with the community feeling social solidarity is also observed from the people's behavior since the advice of the community is often being resorted to seeking treatment and often people of the community take care of the sick person including paying visit to the sick individual or even contributing for payment of medical bills.

As it is already mentioned in the preceding chapters that unhealthy life style and high risk behaviour due to socio-economic background and cultural forces are earmarked as causes related to disease by social scientists. In their opinion both unhealthy life style and high risk behavior are determined by biological as well as behavioural characteristics of people. Biological characteristics are: age, sex, residence degree of immunity. The behavioural attributes are: habits, customs, and life style. Besides, the physical and social environments too are influential to identify the cause of the agent of disease and illness. People's living conditions such as poverty or crowding, the norms, values and attitude in the social and cultural context are also taken in to account.

In this context, the study is undertaken in Barak Valley among the people who have suffered or suffering from hepatitis and gallbladder stone formation, besides those likely to get affected by these diseases. It is a quasi experimental study with experimental and controlled groups. The sample is drawn from those affected by

gallbladder stone formation and hepatitis and also those not affected by either gallbladder stone formation or hepatitis. The sample for the study includes the following criteria:

- (i) Equal number of by age and sex.

From the interaction with doctors it is learnt that younger people are more vulnerable for hepatitis and those who have crossed 40 years and females are at high risk of developing the problem of gallbladder stone.

- (ii) Both rural and urban dwellers are equally affected.
- (iii) Both educated and illiterate respondents are equally affected.

The study brought to light the following facts:

Among the educated respondents, a large segment of them are educated up to primary and higher secondary level. Preponderance of illiterate respondents is seen in gallbladder stone cases. In this context it is worthy to mention that the trend of hepatitis is more among the educated people. It might be that illiterate people do not get admitted for hepatitis either because of their belief in magical practice towards jaundice or because of structural condition. Also all the data are collected from the different hospitals of Silchar town. Since gallbladder stone has no cure other than surgery people have no option but to seek admission in the hospital. The sample is too small to generalize any idea regarding the relationship between education and hepatitis as well as gallbladder stone in Barak Valley.

1. Unmarried individuals are more affected by jaundice than the married ones. Reverse situation is attributed to gallbladder stone formation; married individuals are more affected by the problem of

gallbladder stone formation. Hepatitis is an outcome of maintenance of lifestyle and health seeking behavior of the people. Since marriage follows settled life style, it makes people more responsible towards self and other. The accelerated responsibility is an impetus to follow healthy behaviour related to disease. Owing to the fact that individuals after 40 years of age are at high risk of developing gallbladder stone it may cause higher intensity of gallbladder stone formation. The reason is purely biological that it cannot be subsumed under sociological phenomena.

2. The representations of Hindu samples are more than Muslims and any other groups. But in case of gallbladder stone respondents the number of Muslim respondents is not negligible. Thus religion does not play any role in causing disease.

3. Caste wise, though Kayastha and Vaisya respondents are representing more in number, people irrespective of any caste group are at equal risk to be affected by the diseases.

4. Tendency of both hepatitis and gallbladder stone is more among the students and unemployed respondents.

5. Majority of the hepatitis respondents have limited family members. Contrary to it majority of the gallbladder stone respondents have 5 to 10 members in their families while that of control respondents have limited family members.

6. Highest number of the respondents hails from the families where the members have studied up to primary to higher secondary level.

7. The data reveal, highest number of representation of the people from nuclear families; hence it can be presumed that the structure of family

has hardly any effect on the occurrence of jaundice and gallbladder stone rather it may possibly be affected by size of the family since majority of the victims in both the cases have more than four members in their families.

8. The respondents who have monthly family income less than Rs. 5,000 are more affected by the problem of jaundice and gallbladder stone.

9. Higher the respondent's social background less is the prevalence of both the diseases.

Factors like type of house, type of toilet, sources of water and process of water for drinking may influence the occurrence of jaundice. But the data show type of house and the types of toilet have no relevance in causing jaundice and gallbladder stone in Barak Valley. What causes jaundice is closely related to sources of water and the striking point is process of water purification and consumption. PHE water and water from river, pond and canal are main sources of diseases and are more pronounced in case of hepatitis and relatively associated with the formation of gallbladder stone in Barak Valley. Contaminated PHE water is not properly processed and purified. Tendency of consuming raw water is more among the experimental respondents. Though tendency of using same water body is less yet it is more among the experimental respondents.

So far as food habits of the respondents are concerned, it is observed that:

- (i) The numbers of non-vegetarian respondents are slightly more among the experimental respondents in case of both hepatitis and gallbladder stone respondents.
- (ii) Mustard oil is highly preferred.
- (iii) tendency of rice taking is comparatively more.

- (iv) Differences in raw fish eating are marginal. Frequency of dry fish eating is slightly more among the experimental group.
- (v) Frequency of chicken is more among the experimental group in both hepatitis and gallbladder stone respondents.
- (vi) There is not any significant difference in frequency of meat eating.
- (vii) Although the general consumption pattern of milk is less the trend is found to be slightly more among both hepatitis and gallbladder stone respondents.
- (viii) Pulses are the compulsory food all.
- (ix) Amongst the hepatitis respondents, the tendency of taking ghee, butter and *dalda* is less than their controlled counterpart. But among the gallbladder stone respondents tendency is found to be slightly more than that of the controlled group respondents.
- (x) Egg is consumed more among both hepatitis and gallbladder stone and controlled group respondents.

Cultural hegemony in food habits is also seen from the habit of pan chewing. Though pan is considered as harmless, yet it is seen that experimental respondents are habituated to consume pan comparatively more than the controlled group respondents. The habit of pan chewing is developed among the individuals since the early stages of life. As pan chewing is the culture of the community it is not prohibited to women also, hence people irrespective of their gender are habituated to chew pan. Chewing of pan may cause gallbladder stone formation. The relevance of this assumption is highlighted from the data that more than half of the gallbladder stone respondents are found to have been chewing pan. Both hepatitis and gallbladder stone respondents are habituated to take tobacco with pan. Habit of smoking and consumption of liquor are cultural deviants in Barak Valley. But it is

seen that the people are habituated to smoke *beedi* and cigarette and consume liquor and the tendency is more among the experimental respondents of both the diseases of hepatitis and gallbladder stone. More than half of both hepatitis and gallbladder stone respondents seem to consume liquor regularly which focus on the people's attitude towards disease that is not favorable to prevent jaundice. Social control over women is pronounced with reference to smoking and drinking and therefore none of the women respondents are found to be smoking or drink alcohol which is just reverse among male folk. Therefore, it is difficult to say that there is any strong correlation between pan chewing and drinking alcohol with the diseases.

So far as respondents' knowledge is concerned experimental respondents possess poor knowledge about these diseases. Jaundice is a water-borne disease, and the most important aspect of it is known to not even 40 percent of the respondents. Among the organs of the body, liver is affected by jaundice; it is the most common aspect related to health. In regarding to this aspect experimental respondents are more knowledgeable than their control counterpart. The question comes why they are more informed in regarding this aspect in comparison to others the reason is that during their days of medication respondents might be given the medicine of liver or doctor might have given the suggestion to take care of the liver has enriched their knowledge. It is seen that in both the groups rural literate and younger respondents are more knowledgeable but only difference in both the groups is within the experimental respondents males are more knowledgeable while with the control females are more knowledgeable. Lack of concrete knowledge among the experimental respondents is reflected from their knowledge regarding heart, kidney and eye. In regarding to heart and kidney majority of the experimental respondents are not knowledgeable at the same time as the control

group, respondents are better knowledgeable in this aspect. But again experimental respondent's subtle knowledge is reflected from the knowledge regarding relationship between jaundice and eye. But in this aspect female respondents who are unmarried and hail from rural areas more knowledgeable. In regarding to symptom of knowledge, experimental respondents seem to have more knowledge. Diagnosis of jaundice is not known by almost all the experimental respondents while control respondents are ahead in this regard. Respondents' knowledge related to hepatitis, the controlled respondents are more knowledgeable. For experimental respondents, medical personnel are the highest sources of information followed by news paper, friends and relatives as well as news paper. While for controlled respondents, television is the highest sources of information followed by news paper and medical personnel. Active role of NGO's is seen among the controlled group respondents in disseminating the information about hepatitis. About the route of transmission of hepatitis B, it is seen that controlled respondents are more knowledgeable regarding blood transmission and infected needle and syringe. Although the blood transmission is best known followed by infected needle or syringe among the experimental respondents yet the gap between hepatitis and experimental respondents are wide. It is seen that control respondents are much ahead in keeping the aggregate knowledge on hepatitis and its relative information. It is the younger group respondents who are rural folk and illiterate. Unmarried respondents are more knowledgeable. Religion does not make any difference.

The poor knowledge among the respondents who are suffering from gallbladder stone formation is apparent from the data about the knowledge related to various aspects of cause, symptom and diagnosis of the gallbladder stone. It is observed that the common assumption that impure food and food grains may cause

gallbladder stone is known to only a quarter of the respondents. Victim respondents are more aware about its symptoms and the method of diagnosis. Those respondents who are knowledgeable about the aspects of gallbladder stone are female; rural folk are more aware than urban folk, though literate respondents are numerically more; yet illiterate and primary educated respondents are comparatively more knowledgeable than graduate and technically qualified respondents. Married respondents are found to possess more knowledge. Though the Hindu respondents are numerically more yet the proportion of Muslim respondents is not negligible. Students and unemployed respondents as well as those who are hailing from the lowest strata of income hierarchy contain more knowledge regarding the gallbladder stone

Thus, hepatitis and gallbladder stone are consequential phenomena of plurality of factors of both biology and sociology. Biologically, age and sex are the factors to be concerned and sociologically, peoples' food habit, family's income, education of family members and family background and poor knowledge of the diseases are influential factors related to cause of the diseases. Since both the diseases are related to liver, tendency of non-vegetarianism is creating a problem among those affected by both the diseases. Taking of impure water is most alarming factor for the menace of hepatitis. Data substantiate the fact that except a few almost all the respondents regardless of their socio-economic status is habituated to take water from PHE and or river, pond as well as canal. But it is just reverse in the control group. The study also finds poor picture among those who consume boiled or filtered water. The etiology of poor in taking of boiled water does not exclude both structural and cultural conditions. Structurally, economic insufficiency of the people barred to consume the boiled water. Since the data reveal that except 20 respondents (out of 160 respondents) all the respondents'

family income (is below Rs.10,000) is not favourable to bear the extra expenditure for fuel for boiling the water. For them health is only a means to an end not an end in itself. More over as regard to knowledge related to health and disease it is also found inadequate among the poor, they are not leading a healthy life style. The fact is also evidenced from the other behaviour pertaining to health seeking, like practice of physical exercise, playing games, doing physical exercise sleeping habit and the practice of day sleeping. The study does not show the habit of healthy behaviour among the people of Barak Valley. It has been observed that only 10 percent of the sick individual is reported to have been playing games and not even a fourth of them are habituated to do the exercise. More over they are habituated to lead a sedentary lifestyle because approximately half of the respondents are habituated to sleep more than 8 hours normally and over eighty percent of them are habituated to sleep in day time.

The factors which are discussed above are not attributed to hepatitis only rather they are vital for gallbladder stone formation also. It is surprising to note that only 7 respondents are habituated to consume water of ring-well and hand pump the most pure sources as against the 110 respondents in control cases. The number of boiled or filter water consumers are also significantly less in comparison to the gallbladder stone control respondents. Not even one fifth of the respondents are habituated to play games while the number of individual reported to have been doing exercises are also very less (only 12.3 percent) as against the control respondents (31.33 percent). In both the cases it is seen that the respondents who are engaged in domestic work, more of them are women only.

The only differences related to health seeking behaviour in hepatitis and gallbladder stone are that in case of hepatitis those 160 respondents who are seeking treatment are also using the practice of healers' treatment. Even those who

have come first time to allopathic doctor knowingly or unknowingly about the disease are not excluded from seeking indigenous treatment of healer. But in case of gallbladder stone formation as the disease is not traditionally recognized for the treatment of healers, it is free from the influence of culture. Its implication is reflected in recurrences of disease because it is seen that in 51 cases jaundice is reoccurred while in gallbladder stone cases it is only 5. The unhealthy behaviour and apathetic attitude of people towards health are also reflected from the analysis of reoccurrences of disease and period of sufferings. It is observed that in case of hepatitis the minimum period of suffering is 6 month. Those who are suffering second time the reoccurrences takes place within one year of the disease. Those who have already suffered from hepatitis only 10 of them found to resort to allopathic treatment while 22 of them have resorted to both allopathic and indigenous treatment in which priority is given to latter. It is surprising to note that 125 gallbladder stone respondents (out of 160) are found to be living with gallbladder stone since last one year. The etiology of the disease points to economic problem, fear and apathetic attitude towards health and disease, seeking homoeopathic medicine in order to avoid surgery and availability of time from domestic affairs. Besides, lack of proper health care facilities and the high cost of allopathic treatment are important causes for neglecting early treatment. These factors also push them towards seeking treatment from either indigenous healing or homoeopathic physicians.

Thus, it is seen that the factors which are active and most influential for the occurrences of disease in Barak Valley are food habits including impure water, sedentary life style of the people, lack of knowledge related to health and disease which are subjugated under the structural variables of income, education, and lack of health care facilities. In this context, Max Weber provides an insight that income

education and political power brought people under a seminal life style and that indeed earmark their status. So far as the respondents of present study concerned as Weber views on life style cannot be ignored. In Weber's terminology stylization of life is influenced by life conduct and life chances. Stylization of life is accelerating the problems of disease jaundice and gallbladder stone because people's life and conduct that in turn determine life chance that are not favorable to take action against these diseases because of insufficient and poor life chances. Since lack of money, poor knowledge and inaccessibility of formal health care institutions have made people to take in appropriate action against these diseases.

Again from the perspective of Crockerham's analyses of agency structure dichotomy that equates with the duality of structure of Giddens (1984) study unravels the fact that in the context of Barak Valley resources constrain to enhance the vitality of life. It is so because in Barak Valley two types of resources are not properly well equipped: human resource like poor knowledge level of people related to diseases and lack of money, and the non human resources like inaccessibility to health care institutions. These are the two types of constraints that are impinging upon people to take action against diseases.

Thus in order to improve the situation following action can be taken:

- (i) To take initiative by government and non-government agency to make arrangements for providing pure water supply. Government level Public Health Engineering department can take proper care by giving the proportionate medicine for water purification. Additionally the villages which are yet to be provided with PHE water can be connected with this facility by digging wells and providing hand pumps. Similarly, non-governmental agencies can take initiative to launch a program on providing pure water supply at the villages.

- (ii) From interaction with the Joint Director of Health services in Cachar, Karimganj and Hailakandi districts it is learnt that there is neither any vaccination programme nor awareness generation program initiated at government level. In order to raise the level of knowledge related to disease, awareness campaign can be initiated. Since awareness reinforces action to combat disease awareness generation programme on hepatitis and gallbladder stone is necessary.
- (iii) Since there is strong faith on healer's role in disease and sickness the formal health care providers may consider imparting training to healers. Training on health and disease will increase the knowledge of healers who in turn will be reproducing same while giving treatment.
- (iv) Documentation of traditional knowledge in health and medicine is urgently required. A legal and policy issues involving protection of traditional knowledge is also needs to be examined.
- (v) Periodical evaluation on health and health care activities are need. Both government and non government organization can take initiative to conduct annual or biannual survey regarding people's health and health care activities that help to assess the scenario as well to take further steps for improvement.
- (vi) Increase the number of Primary Health Care Centres and or sub-centres.
- (vii) Provision of a health care workers like "ASHA" to look in to the matter of health seeking behavior in hepatitis and gallbladder stone.
- (viii) There is an urgent need of social marketing where the cost of treatment would be affordable for economically down trodden.
- (ix) There is an urgent need of making provision of engaging a sociologist in medical colleges. Sociologists can train the doctor on the social

values and attitudes of rural people for facilitating a smooth interaction between the doctor and rural people.

- (x) The community medicine department of Silchar Medical College can be strengthened. Different branches of it may be opened at different places to provide health education and community medicine.
- (xi) Counseling centres on health and nutrition can be opened at government level to generate awareness on food and nutrition value of different food items. Quantity of food and saturated and unsaturated foods are the vital factor to matter on gallbladder stone and hepatitis. Thus counseling centres can play a catalytic role in generating such kind of knowledge.
- (xii) There is need to raise the level of awareness among male, female, children, youth and adult to do exercise.
- (xiii) It is found that women and rural respondents are better knowledgeable about the jaundice and gallbladder stone formation. Knowledge has little relation with educational status of the people. Further research can be undertaken to explore the reason behind possessing more knowledge by women and rural folk of the society which is unexplored as yet.