

CORRELATION BETWEEN HEALTH CARE BELIEFS AND HEALTH SEEKING BEHAVIOUR: AN EMPIRICAL STUDY

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ABSTRACT

A person's health beliefs consist of their perceptions of what constitutes good health, the aetiology of their ailments, and treatment ideas. In folklore, both secular and nonsecular beliefs about health are prevalent, the origins of which date back to earlier generations. An attempt has been made to delve into the health beliefs of rural residents in the Amritsar district. The study included 240 respondents, with an equal number of natural folk medicine users (120) and magico-religious folk medicine users (120). The snowball sampling technique was used for the purpose of data collection. A semi-structured interview schedule was prepared and for the analysis of the data, statistical techniques such as percentages and chi square were used. The study discovered that both natural and supernatural health beliefs are prevalent. Users of magico-religious folk medicine exhibited a higher degree of superstition in comparison to their counterparts, who tend to place more emphasis on personal or physical factors contributing to sickness. The current analysis reveals some misconceptions among the respondents about health and illness, particularly the poor understanding and association of serious health issues like mental health and infertility with witchcraft, underscoring the need for health education.

Keywords: Health, natural beliefs, supernatural beliefs, witchcraft, mental health, infertility.

INTRODUCTION

Beliefs influence the conduct of an individual as well as group members. The dictionary meaning of the word "belief" is faith, confidence, or whatever a person regards as the truth. It can be defined as an individual's ongoing, persistent perception of anything in the world. Attitudes and values form the foundation of the belief system, which is acquired through the process of socialization. A belief system may be defined as an organised set of ideas, attitudes, and convictions revolving around the values or objects a group considers essential. Numerous beliefs, including religious, philosophical, and health-related ones, are prevalent in rural communities. Health beliefs are people's perceptions of their own health, including what they regard as healthy, what they believe to be the causes of their illnesses, and how to treat them. In folklore, both secular and nonsecular beliefs about health and its related aspects are prevalent. These beliefs date back to earlier generations and are still prevalent in society today, in spite of all the advancements. Despite the recovery of the smallpox virus, many people in rural areas still believe that it is caused by the anger of the Goddess *Sitla* (Pokarna, 1994).

The attitude of ordinary people towards external objects and social phenomena is often a manifestation of the socio-cultural milieu in which they are generally brought up. People, according to their level of education, economic status, and cultural setting, adhere to different health beliefs. The approach of the members of a particular system of medicine is influenced by commonly held beliefs. Those who believe in physical or personal causes of disease are more likely to choose modern medicine, and those who place their faith in supernatural causes of disease are more likely to seek religious and spiritual blessings for the welfare of a

patient. Beliefs can be true or false, but society does not question these beliefs due to their long-standing presence and their deep engrainment (Srivastava, 1983).

OBJECTIVES

1. To explore the belief system associated with health and disease;
2. To analyse the correlation between age, education, and health beliefs.

MATERIAL AND METHODS

Universe of Study: The present study was conducted in the rural areas of Amritsar district, Punjab. It has 4 tehsils, 5 sub-tehsils, and 9 blocks, namely: Ajnala, Attari, Chogawan, Harsha Chinna, Jandiala, Majitha, Rayya, Tarsika, and Verka. Out of these nine blocks, four were selected randomly: Ajnala, Attari, Majitha, and Verka.

Sample: A total of 24 villages, six from each block, were selected through a simple random sampling technique. In all, the study included 240 respondents, with an equal number of natural folk medicine users (120) and magico-religious folk medicine users (120).

Tools and Techniques: The snowball sampling technique was used for the purpose of data collection. A semi-structured interview schedule was prepared, containing both open-ended and closed-ended questions in light of the objectives. A pilot study was done to assess the reliability and validity of the interview schedules, and the required modifications were incorporated to rule out any anomalies. To make it more convenient for respondents, interview schedules were translated into the regional language (Punjabi). Besides the interview method, the observation method was also employed, and wherever feasible, a few case studies were also conducted to gain in-depth knowledge.

Analysis of Data: For the analysis of the data, simple statistical techniques such as mean and percentages were used. In order to show the relationship between two variables, the chi-square test has been applied.

RESULTS

I. SOCIO-DEMOGRAPHIC PROFILE

The majority of the respondents were in the age range of 26–45 years (32.92 percent of natural folk medicine users and 27.92 percent of magico-religious folk medicine users, respectively). In terms of sex distribution, females comprised the majority (68.33 percent). Regarding marital status, the majority (78.75 percent) of the respondents belonged to married category. With regard to caste distribution, general caste was seen in the majority (57.5 percent). Religion-wise, Sikhism was followed by a large proportion of respondents (72.09 percent). As far as educational status is concerned, the majority of magico-religious folk medicine users were illiterate (42.5 percent), while the majority (35.83 percent) of natural folk medicine users had studied up to matriculation. Farming and related occupations emerged as the main occupation pursued by 39.17 percent. With regard to income, majority were earning below Rs 15000 per month (42.08 percent). The nuclear family trend is consistent across the study area.

II. HEALTH CARE BELIEFS

Table 1

S. No.	Variables	Respondents' attitude towards health					Total Respondents				
		Responses									
Types of Folk Medicine Users	A person who is not afflicted with any disease	A person who does not need any medical treatment	Physical fitness to perform daily work	A person who is mentally fit	A person who has a lean body and a flat stomach						
	1. Natural	45 (37.5)	42 (35.00)	16 (13.33)	13 (10.84)	04 (3.33)	120 (100.00)				
2. Magico-religious	76 (63.33)	17 (14.17)	12 (10.00)	09 (7.5)	06 (5.00)		120 (100.00)				
Total	121 (50.41)	59 (24.58)	28 (11.67)	22 (9.17)	10 (4.17)		240 (100.00)				
2.	The causes of illness as perceived by respondents										
	Responses										
3.	Personal or physical causes			Supernatural causes							
	1. Natural	99 (82.5)		21 (17.5)			120 (100.00)				
2. Magico-religious	49 (40.83)			71 (59.17)			120 (100.00)				
Total	148 (61.67)			92 (38.33)			240 (100.00)				
3.	Physical or personal causes of illness										
	Responses										
3.	Due to poor food and diet intake	Pollution	Pesticides and chemicals	Poor living conditions and highly polluted water	Consuming alcohol and related substances						
	1. Natural	34 (34.34)	24 (24.24)	23 (23.23)	13 (13.13)	05 (5.06)	99 (100.00)				
2. Magico-religious	14 (28.57)	14 (28.5)	05 (10.20)	09 (18.37)	07 (14.29)		49 (100.00)				

		7)					
	Total	48 (32.43)	38 (25.68)	28 (18.91)	22 (14.87)	12 (8.11)	148 (100.00)

*N= 148 due to 92 negative responses.

4.		Respondents' perception of diseases caused by personal or physical causes					
		Responses					
		Liver, heart and lung related diseases	Orthopaedic disorders	Skin diseases	Communicable diseases		
1.	Natural	43 (43.43)	22 (22.22)	19 (19.20)	15 (9.09)	99 (100.00)	
2.	Magico-religious	23 (46.94)	17 (34.70)	06 (12.24)	03 (6.12)	49 (100.00)	
	Total	66 (44.60)	39 (26.35)	25 (16.89)	18 (12.16)	148 (100.00)	

*N = 148 because 92 respondents believe in supernatural causes of illness only.

5.		Supernatural causes of illness as reported by respondents					
		Responses					
		Witchcraft/black magic / "Jadu tonā"	Ancestral spirits	Wrath of God/Goddess	Evil eye		
1.	Natural	07 (33.34)	06 (28.58)	06 (28.58)	02 (9.52)	21 (100.00)	
2.	Magico-religious	30 (42.25)	19 (26.76)	12 (16.90)	10 (14.09)	71 (100.00)	
	Total	37 (40.21)	25 (27.18)	18 (19.57)	12 (13.04)	92 (100.00)	

*N= 92, as the remaining 148 respondents do believe in personal or physical causes of illness.

6.		Respondents' perception of diseases caused by supernatural causes					
		Responses					
		Smallpox	Mental illnesses	Infertility	Child-related health problems		
1.	Natural	06 (28.58)	15 (71.42)	—	—	21 (100.00)	
2.	Magico -	10 (14.09)	18 (25.35)	33 (46.48)	10 (14.08)	71 (100.00)	

	religious					
	Total	16 (17.40)	33 (35.87)	33 (35.87)	10 (10.86)	92 (100.00)

*N = 92 because 148 respondents have no belief in supernatural causes of illnesses.

7.		Belief in God's power to cure serious illness				
		Responses				
		Yes	No			
1.	Natural	86 (71.67)	34 (28.33)	120 (100.00)		
2.	Magico-religious	114 (95.00)	06 (5.00)	120 (100.00)		
	Total	200 (83.33)	40 (16.67)	240 (100.00)		
8.		Belief in supernatural powers possessed by religious places/people				
		Responses				
		Yes	No			
1.	Natural	78 (65.00)	42 (35.00)	120 (100.00)		
2.	Magico-religious	108 (90.00)	12 (10.00)	120 (100.00)		
	Total	186 (77.5)	54 (22.5)	240 (100.00)		
9.		The role of supernatural powers in making people healthy or ill				
		Responses				
		Yes	No			
1.	Natural	77 (64.17)	43 (35.83)	120 (100.00)		
2.	Magico-religious	107 (89.17)	13 (10.83)	120 (100.00)		
	Total	184 (76.67)	56 (23.33)	240 (100.00)		
10.		Diseases curable only by appeasing supernatural powers				
		Responses				
		Mental illnesses	Infertility	Smallpox		
1.	Natural	32 (41.56)	20 (25.97)	25 (32.47)	77 (100.00)	
2.	Magico-	42	38	27	107	

religious	(39.26)	(35.51)	(25.23)	(100.00)
Total	74 (40.22)	58 (31.52)	52 (28.26)	184 (100.00)

*N = 184 because of 56 negative responses.

11.		The role of Karma in health and illness				
		Responses				
		Yes	No			
1.	Natural	47 (39.17)	73 (60.83)	120 (100.00)		
2.	Magico-religious	89 (74.17)	31 (25.83)	120 (100.00)		
	Total	136 (56.67)	104 (43.33)	240 (100.00)		
12.		Perception of the role of personal hygiene and the sanitary environment				
		Responses				
		Yes	No			
1.	Natural	102 (85.00)	18 (15.00)	120 (100.00)		
2.	Magico-religious	97 (80.83)	23 (19.17)	120 (100.00)		
	Total	199 (82.92)	41 (17.08)	240 (100.00)		
13.		Perception of staying healthy				
		Responses				
		To take a nutritious diet with regular exercise	Visit religious places and offer prayer/ ardaas	Take a holy bath in sacred pool and do good deeds		
1.	Natural	69 (57.5)	28 (23.33)	14 (11.67)	09 (7.5)	
2.	Magico-religious	62 (51.67)	41 (34.17)	12 (10.00)	05 (4.16)	
	Total	131 (54.59)	69 (28.75)	26 (10.83)	14 (5.83)	
					240 (100.00)	

(Figures given in parenthesis represent percentages.)

The data presented in Table 1 reveals the attitudes of respondents towards health. Half of the respondents (50.41 percent) reported that health implies non-affliction with any disease, including 37.5 percent of natural folk medicine users and 63.33 percent of magico-religious

folk medicine users. Another 24.58 percent of respondents perceived a person as healthy if he or she does not need any medical treatment, which includes 35 percent of natural folk medicine users and 14.17 percent of magico-religious folk medicine users. Further, 11.67 percent of respondents linked health with physical ability to carry out daily tasks, of which 13.33 percent were natural folk medicine users and 10 percent were magico-religious folk medicine users. A mentally fit person is considered healthy by 9.17 percent of the respondents, which comprises 10.84 percent of natural folk medicine users and 7.5 percent of magico-religious folk medicine users. Lastly, an insignificant proportion of respondents, that is, 4.17 percent, perceived a person as healthy who has a lean body and a flat stomach. Similarly, the findings of Nagla's (2007) study entitled "*Culture and Health Care: An Interface*" show that people in Haryana perceived health in terms of biological characteristics such as the absence of disease, a person's ability to carry out daily tasks, good mental health, and appearance.

The data regarding the causes of illness depicted in the above table reveals that as many as 61.67 percent of respondents believed in the personal or physical causes of illness, whereas 38.33 percent of respondents expressed their belief in the supernatural causes of illnesses. The subdivision of categories revealed a wide range of variation. Out of one hundred twenty natural folk medicine-using respondents, as many as ninety-nine (82.5 percent) stated their belief in personal or physical causes of illness, while remaining twenty-one (17.5 percent) respondents believed in supernatural causes of illness. Contrary to this, out of one hundred twenty magico-religious folk medicine-using respondents, as many as seventy-one respondents (59.17 percent) opined their belief in supernatural causes of disease, whereas remaining forty-nine (40.83 percent) respondents believed in personal or physical causes of illness.

In order to ascertain the respondents' understanding of diseases, they were additionally requested to name diseases that they think are caused by personal or physical causes. According to the data in the table above, 44.60 percent of respondents reported that personal or physical factors (including 43.43 percent of users of natural folk medicine and 46.94 percent of users of magico-religious folk medicine), cause liver, heart, and lung-related diseases. In total, 26.35 percent of respondents stated that orthopaedic disorders are the result of physical or personal factors, including 22.22 percent of natural folk medicine users and 34.70 percent of magico-religious folk medicine users. Additionally, 16.89 percent of respondents (including 19.20 percent of natural folk medicine users and 12.24 percent of magico-religious folk medicine users) reported that skin diseases have personal or physical causes. The respondents who believed that communicable diseases, including infections, fever, colds, coughs, diarrhoea, cholera, and malaria, are caused by physical or personal causes comprised only 12.16 percent, of which 9.09 percent were natural folk medicine users and 6.12 percent were magico-religious folk medicine users.

Out of the total sample, ninety-two respondents, regardless of the nature of their folk medicine (natural or magico-religious), who stated their belief in supernatural causes of illness were subsequently requested to specify the causes to the best of their knowledge and a whopping majority of respondents, that is, 40.21 percent, believed that witchcraft, or "*jadu tona*," is mainly responsible for illness, of which 33.34 percent were natural folk medicine users and 42.25 percent were magico-religious folk medicine users. Those who believed ancestral spirits as the cause of illness constitute 27.18 percent, of which almost an equal number is constituted by natural folk medicine users and magico-religious folk medicine users, that is, 28.58 percent and 26.76 percent, respectively. Another 19.57 percent of respondents believed that the wrath of God or goddess results in illness, of which 28.58

percent were natural folk medicine users and 16.90 percent were magico-religious folk medicine users. The evil eye as a cause of illness was stated by 13.04 percent of the respondents, including 9.52 percent of natural folk medicine users and 14.09 percent of magico-religious folk medicine users.

In addition, respondents were asked to state diseases that they believe are caused by supernatural means. It is evident that an equal proportion of the respondents, that is, 35.87 percent, believed that mental illnesses and infertility are caused by supernatural means, while 17.40 percent of the respondents opined that smallpox is caused by the wrath of supernatural forces, especially the Goddess Sitala. Another 10.86 percent of the respondents stated that child-related health issues (height and weight issue, loss of appetite, prolonged fever, aggressive behaviour) are closely associated with supernatural means. When we broke these categories into subcategories, it showed that 71.42 percent of natural folk medicine users, and 25.35 percent of magico-religious folk medicine users linked mental illnesses with supernatural means. Further analysis showed that 28.58 percent of natural folk medicine users and 14.09 percent of magico-religious folk medicine users believed that supernatural entities are responsible for smallpox. Infertility and child-related illnesses were thought to be caused by supernatural forces by 46.48 percent and 14.08 percent of magico-religious folk medicine users only, respectively; no natural folk medicine users held the same belief.

When the respondents were asked about their belief in God's healing powers, the majority, that is, 83.33 percent, were of an affirmative view, with 71.67 percent using natural folk medicine and 95 percent using magico-religious folk medicine. In opposition, 16.67 percent of the respondents denied the same, of which 28.33 percent were natural folk medicine users and 5 percent were magico-religious folk medicine users. Emphasising faith in God's healing power, one respondent added:

“J rabb bimari laga sakda hai te theek vi kar sakda hai”

(Translation: If God can cause disease, he can also heal.)

Further analysis illustrates the responses regarding belief in supernatural powers possessed by religious places/people. A whopping majority of the respondents, that is, 77.5 percent, were of the view that extraordinary or supernatural powers are being possessed by religious places or people, while 22.5 percent did not believe in the same. If we look at the sub-categories, they showed nearly the same results. On one side, 65 percent of natural folk medicine users and 90 percent of magico-religious folk medicine users reportedly believe in the supernatural powers of religious places or people. On the contrary, 35 percent of natural folk medicine users and 10 percent of magico-religious folk medicine users did not believe in the mystical powers possessed by religious places or people. One respondent, while showing her belief, narrated her story as follows:

“My 5-year-old son once had a fever for about one month. I sought the advice of several medical professionals; nevertheless, his condition did not improve, and he stopped consuming food. I was very anxious and engaged in continual prayer to God. I then sought advice from a spiritual healer who asserted that he was under the influence of a youthful spirit. It dawned on me that last month we had attended the funeral of my friend's sibling. Due to their strong bond, his soul remained attached to my son's body, indicating his reluctance to go. Subsequently, I saw the spiritual healer, who proceeded to perform a shabad for my kid and provided holy ash to be buried under a verdant plant, requiring daily watering. The presence of water has a cooling effect on land, and similarly, it will lower the temperature of your son's body. Thus, I followed the same, and as a result, my son regained his health and successfully evaded the malevolent entity.”

The perception of the role of supernatural powers in health and illness unveiled that as many as 76.67 percent (64.17 percent of natural folk medicine users and 89.17 percent of magico-religious folk medicine users) of the respondents affirmed the role of supernatural powers in health and illness. Contrary to this, 23.33 percent (35.83 percent of natural folk medicine users and 10.83 percent of magico-religious folk medicine users) of the respondents negated the role of supernatural powers in keeping a person healthy or ill.

Furthermore, when queried about the perception of respondents regarding the diseases curable only by appeasing supernatural powers, as many as 40.22 percent reported that mental illnesses could only be cured by appealing to supernatural powers, with 41.56 percent using natural folk medicine and 39.26 percent using magico-religious folk medicine. Following that, 31.52 percent of the respondents stated that infertility is only curable by appeasing supernatural powers, of which 25.97 percent were natural folk medicine users and 35.51 percent were magico-religious folk medicine users. Another 28.26 percent of the respondents stated that treatment of smallpox is possible only by appeasing Goddess *Sitla*, which comprises 32.47 percent of natural folk medicine users and 25.23 percent of magico-religious folk medicine users. This confirms the findings of **Pokarna's (1994)** study entitled "*Social Beliefs, Cultural Practices in Health and Disease*," conducted in Machwa and Begas villages, Jaipur, in which he describes how people believe the goddess Sitala is responsible for smallpox.

Further data shows the perceptions of respondents regarding the role of *Karma* in health and illness. 56.67 percent of the respondents affirmed that *Karma* plays a significant role in the well-being or illness of a person. In contrast, 43.33 percent of respondents denied the role of *Karma* in relation to health and illness. A cursory look at sub-categories showed a totally contradictory view. While the majority of the natural folk medicine users, that is, 60.83 percent, negated the role of karma in health and illness, the remaining 39.17 percent accepted that *karma* is related to health and illness. Conversely, 74.17 percent of magico-religious folk medicine users believed in the role of *karma* in health and disease, and the remaining 25.83 percent did not believe in the same.

Further 85 percent of users of natural folk medicine and 80.83 percent of users of magico-religious folk medicine acknowledged the impact of personal hygiene and the sanitary environment in maintaining health and illness. On the contrary, 15 percent of natural folk medicine users and 19.17 percent of magico-religious folk medicine users denied the same.

The data shows that more than half of the respondents, that is, 54.59 percent, were of the view that one must take a nutritious diet with regular physical exercises, especially yoga, for staying healthy, of which 57.5 percent were natural folk medicine users and 51.67 percent were magico-religious folk medicine users. Another 28.75 percent of the respondents stated that a visit to religious places and offering prayers/ *ardaa*s is essential for staying healthy, of which 23.33 percent were natural folk medicine users and 34.17 percent were magico-religious folk medicine users. Further, 10.83 percent of the respondents gave importance to holy baths and good deeds in order to lead a healthy life, of which 11.67 percent were natural folk medicine users and 10 percent were magico-religious folk medicine users. An insignificant proportion of respondents (5.83 percent) opined that one must not consume alcohol and related substances for staying healthy, of which 7.5 percent were natural folk medicine users and 4.16 percent were magico-religious folk medicine users.

III.CO-RELATION BETWEEN AGE, EDUCATION AND HEALTH BELIEFS

Further effort has been undertaken to comprehend the correlation between age and the perception of the aetiology of illness. The exploration of the link is of utmost importance

since age plays a significant role in shaping one's belief system and therefore influencing health-seeking behaviour. Table 1.2 illustrates the ages of respondents who believe in various disease causes. The data reveals that out of the total respondents (240), a significant proportion (79) belong to the age group of 26–35, while 67 of the respondents fall within the age range of 36–45. Another thirty-four respondents are between the ages of 46 and 55, whereas a little more than that number (39 respondents) are over the age of 55. A minority of the respondents (21) belong to the younger age group (up to 25).

The analysis of age in relation to the perception of causes of illness indicates that a substantial percentage of respondents (79) fall between the 26–35 age bracket. In this group, 34 people believed that diseases have supernatural causes, while 45 people believed that diseases have natural causes. Among the respondents aged up to 25, a majority (18.27 percent) expressed a greater inclination towards attributing diseases to natural causes, whereas a mere two individuals hold beliefs in the supernatural origins of illnesses. Moreover, another substantial percentage of the respondents over 55 exhibited a stronger inclination towards attributing illness to supernatural causes (25 percent) in contrast to natural causes (4.80 percent).

Table 2
Relationship between age and perception of the causes of illness

S. No.	Age (in years)	Belief in causes of diseases		Total Respondents
		Natural causes	Supernatural causes	
1.	Up to 25	19 (18.27)	02 (1.47)	21 (8.75)
2.	26-35	45 (43.27)	34 (25.00)	79 (32.92)
3.	36-45	25 (24.04)	42 (30.88)	67 (27.91)
4.	46-55	10 (9.62)	24 (17.65)	34 (14.17)
5.	Over 55	05 (4.80)	34 (25.00)	39 (16.25)
	Total	104 (43.33)	136 (56.67)	240 (100.00)

Note: Values in parenthesis represent percentages

Chi-square value: 43.4414

p-value < 0.00001

The result is significant at *p*<.05.

The significant chi-square value indicates the relationship between the age group of respondents and their beliefs about the aetiology of diseases.

Moreover, it is crucial to analyse the correlation between level of education and beliefs pertaining to the aetiology of diseases. Education has a significant impact on influencing an individual's thoughts, beliefs, and overall conduct. Furthermore, it has an impact on subsequent decisions pertaining to health and health-related beliefs. According to the data shown in Table 3.8, out of the total sample size of 240 respondents, 81 are illiterate, 72 have studied up to matriculation, and 58 are senior secondary. Almost an equal number of respondents are graduates (16) and postgraduates (13).

Regarding the correlation between educational attainment and the perception of beliefs regarding the causes of illnesses, it is evident from Table 1.3 that a significant proportion of respondents, that is, 81, are illiterate. Among this group, 44.16 percent hold beliefs in supernatural causes of illnesses, while 15.12 percent attribute illnesses to natural causes. Further, out of 72 respondents, 38.31 percent believe in supernatural causes of illnesses, whereas 15.12 percent believe in natural causes. whereas out of 58 respondents, 39 (45.35 percent) attribute diseases to natural causes and 19 (12.33 percent) to supernatural causes of illnesses. Out of 16 graduates, 12 (13.95 percent) believe in natural causes, and four (2.60 percent) believe in supernatural causes of illnesses. In the case of postgraduates, a greater number of respondents (09) believe in natural causes of illnesses as compared to supernatural causes of illnesses (04).

Table 3

Relationship between educational level and perception of the causes of illness

S. No.	Education	Belief in causes of diseases		Total Respondents
		Natural causes	Supernatural causes	
1.	Illiterate	13 (15.12)	68 (44.16)	81 (33.75)
2.	Up to Matriculation	13 (15.12)	59 (38.31)	72 (30.00)
3.	Secondary	39 (45.35)	19 (12.33)	58 (24.17)
4.	Graduates	12 (13.95)	04 (2.60)	16 (6.67)
5.	Post graduate	9 (10.46)	04 (2.60)	13 (5.41)
	Total	86 (35.83)	154 (64.17)	240 (100.00)

Note: Figures in parenthesis are percentages.

Chi-square value: 65.5497

p-value is <0.00001

The result is significant at *p*<.05.

A significant chi-square value confirms the relationship between individuals' level of education and their beliefs pertaining to the aetiology of diseases.

Major Findings and Analysis:

The above analysis indicates that there is a prevalence of both natural and supernatural health beliefs. Myths and misconceptions about disease causation are still prevalent in the studied areas. The study found that a significant proportion of participants hold the belief that an

individual's state of health is determined by the absence of ailments. Users of magico-religious folk medicine exhibited a higher degree of superstition in comparison to users of natural folk medicine, who tend to place more emphasis on personal or physical factors contributing to sickness. Poor food and diet intake as a personal cause of illness was held responsible for illnesses including liver, heart, and lung-related ones. Various kinds of supernatural beliefs, like the evil eye, witchcraft, ancestral spirits, and the wrath of God/Goddess are still prevalent in the study area and has been linked to serious health issues such as mental illness and infertility. Such perceptions further inhibit them from receiving psychiatric and mainstream health care. It underlines that the concepts of mental health and infertility are poorly understood by the respondents and are associated with possession, embodiment, black magic and breach of taboo etc. In such cases, people deprive themselves of mainstream and psychiatric health care. While comparing the physiological and demonological frameworks of mental illness, **Kakar (1982)** reported similar findings in his study entitled "*Shamans, mystics and doctors: A psychological inquiry into India and its healing traditions,*" in which he describes that mental illness is considered more supernatural than natural disease in India.

The majority of the respondents showed a firm belief in God's ability to cure serious illnesses, and due to having faith and experiences, they believe in the same. Apart from their faith in God, they also believe in the extraordinary/supernatural powers possessed by religious places/people that is why they visit religious places for their good health. Punjab is known as the land of *guru-pirs*; this may be the reason that Punjabis are extremely devout and have faith in religious places and healers. A substantial proportion of respondents have strong belief that supernatural powers can only help a person with infertility and mental illnesses. Half of the respondents associated karma with the health. This association is so strong in cases of mental illnesses and infertility, as opined by respondents.

Respondents have good health knowledge regarding personal hygiene and sanitary environment and they gave importance to a healthy diet and exercise for good health. The perception of respondents regarding personal hygiene and sanitary environments underscores good health knowledge.

The study found a positive correlation between age, education and health care beliefs. The above analysis uncovers significant disparities in beliefs with respect to age. As individuals advance in age, there is a discernible decline in the inclination to attribute illnesses to natural causes, followed by a corresponding rise in the propensity to attribute diseases to supernatural causes. The data clearly indicates a positive correlation between higher levels of education and a greater inclination towards attributing diseases to natural causes. This is obvious from the fact that a significant majority of respondents who have completed senior secondary, undergraduate, and postgraduate education expressed a stronger belief in natural causes of illnesses as compared to illiterates who hold beliefs in supernatural causes.

CONCLUSION

This paper aimed at exploring the health belief system. Understanding a person's health and health-related beliefs is important because it may help healthcare professionals to identify gaps in their own and the patient's understanding of his or her health situation. The current analysis suggests that the respondents have some misconceptions about health and illness, as serious health issues like mental health and infertility are poorly understood and associated with witchcraft and there is need of health education. It is the need of the hour to provide mental health education and make people aware of health-related issues.

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