

SECTION TWO

ILLNESS ETHNOGRAPHIES

INTRODUCTION

In this section I focus attention on illness classification, the manner in which different illnesses are and are not spoken about, perceptions of illness causality and patterns of health care seeking. Several features of illness related discourse are discussed in Chapter Four followed by an ethnographic investigation of states of malnutrition in South India and diarrheal illness in Sri Lanka. The latter two chapters include data on notions of etiology and patterns of curative resort. I may briefly note the importance and limitations of such data.

To understand how illness is perceived in South Asia it is necessary to appreciate the wide range of factors thought to predispose, cause, confound, and aggravate illness. This is a complex subject because one symptom (or a set of symptoms) may be caused by a number of different factors influencing the body alone or in conjunction with other factors. Very few types of illness or symptom states are thought to be caused by one and only one etiological factor. In most instances of ill health, several factors are implicated by the afflicted and/or significant others.

Often different members of a household or extended therapy management group will have varying opinions about the cause or course of an illness. Their ideas are emergent with multiple forms of knowledge being produced in context. These forms of knowledge range from the knowledge of prototype illness experiences and illness narratives to knowledge negotiated between people. They include explanatory models constructed around popular metaphors as well as labels which imply sociomoral relations.

Knowing how actors describe illness, perceive etiology and evaluate courses of treatment is important to an understanding of popular health culture. It is not, however, sufficient to explain why households or individuals respond in particular ways to illness episodes. Health behavior is complex and based upon contingencies of social and economic as well as cultural significance. When studying health care decision making, predisposing, enabling and service related factors need to be considered in relation to household dynamics, time and resource demands, the impact of education etc. Just as important, it needs to be recognized that sickness is viewed as

more than a set of disvalued symptoms. Symptoms are often interpreted as signs of misfortune and vulnerability within the overlapping domains of one's lifeworld.

In South Asia, correspondences are drawn between poor health and events in other areas of life. For example, the infertility of a woman or the poor growth of a child may be linked to failed crops or poor yield and associated with stars, spirits, witchcraft or one's fate. In life, an opposition is broadly perceived between:

labba (profit): *dosha* (trouble)
health: illness

Recognizing that ascriptions of etiology are often emergent, negotiated and context specific, it is valuable to identify popular ideas about illness causality, characteristics and appropriate treatment. While of limited predictive value, this data provides descriptive generalizations against which actual behavior patterns may be studied. In chapters five and six, which examine states of malnutrition and diarrhea, I employ a mix of case study and survey data to provide a thick description of these health problems and a sense of cultural heterogeneity in the way they are interpreted. Health care practices are highlighted to emphasize the ramifications of interpreting illness in various ways.