

NAVIGATING HEALTH AND ILLNESS AETIOLOGIES AMONG THE FISHING COMMUNITY OF PALAKAYATIPPA IN ANDHRA PRADESH

Akhilesh Bonthu and Srinivasu Nookarapu

Abstract: Health is one of the prioritized aspects for everyone and can be apprehended from different perspectives. These perspectives vary from one perspective to another, drawing attention to analyse the healthcare dimension from the community perspective. The dynamics of the communities concerning health and illness provide an understanding of the status and condition of the experiences and suffering. The article highlights the perception of health, illness, and aetiologies, as well as health determinants and influences on the wellbeing of community members. The article also notes how community members perceive their healthcare and produce their views on the management of healthcare by providing the perception of health and illnesses. Based on these aspects, this article comprehensively explains health and illness aetiologies within the Palli community in Palakayatippa village of Andhra Pradesh. It concentrates on how this fishing community navigates health and illness through personalistic and naturalistic perspectives from individual healthcare. With an ethnographic approach, this work employed qualitative methods to gather data on various local healthcare practices, concerns, and remedies for treating illnesses. The study also explored how community members perceive their healthcare, transitioning from an individualistic to a community-oriented approach. Further, it also emphasizes the influence of occupational health on their daily work performance.

Keywords: Community Practices, Development, Fishing community, Illness, Healing, Healthcare Providers, Occupational Health,

Introduction

The concept of health and illness varies from one community to another, where socio-economic conditions determine healthcare status. Medical anthropologists primarily comprehend health and illnesses from community perspectives by integrating anthropological knowledge to assess the health status of various communities. Health can be conceptualized as an individual's health-related practices that influence their daily life, particularly concerning quality of life. Healthcare, encompassing prevention, treatment, and management of illness and health preservation, is delivered through healthcare practices. It includes all interventions promoting health, including preventive and curative methods to enhance health and well-being (World Health Organization, 2000).

Fishing is a hazardous occupational activity involving physical efforts during fishing expeditions. Health also can be influenced by various practices, such as the role of hygiene practices, working hours, food practices, smoking, and alcohol

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consumption played a significant role in understanding health and illness status (Carel et al., 1990; Casson et al., 1998; Lawrie et al., 2004; Woodhead et al., 2018; Dalibandhu and Sharma, 2018). Research also sheds light on fishing communities' health challenges, revealing how their occupational conditions influence the health status of the communities. The studies also indicated a propensity among fishermen to develop skin and lip cancer, and musculoskeletal system and knee osteoarthritis are also reported among them due to heavy work during fishing expeditions. In addition, there is a prevalence of incidence related to hypertension that is linked to ischemic heart disease and cerebrovascular illness due to the possibility of influential factors of poor eating habits, including intake of sodium, which is present in salted fish and also consumption of tobacco smoking, poor health awareness, and other social and environmental factors common to fishermen (Kirkutis et al., 2004). Further, it is also reported that in some coastal areas, fluoride levels pose additional health risks and lead to mild dental fluorosis or skeletal fluorosis based on the frequency and effectiveness of exposure to fluoride levels. Some of the reports also opined that excess fluoride consumption can promote cancer, cause hip fractures, lead to stillbirth or congenital disabilities, and have detrimental neurological effects (Asawa et al., 2014).

Dorea (2003) provided an anthropological perspective on riparian Amazonians' dietary practices, emphasizing the reliance on fish and cassava. Despite concerns about mercury concentrations in fish due to environmental changes, fish remains a crucial protein source for these communities. Cassava, their primary food source, contains linamarin but poses no health risk. Fish naturally accumulate monomethyl mercury (MMHg), which complements their low-calorie starchy diets. The study underscores the importance of fish in the nutritional health of Amazon's riparian communities. Mathee et al (2013) investigated lead exposure among young school children in South African subsistence fishing communities. Triggered by anecdotal reports of lead melting for fishing sinkers, an epidemiological study conducted in two fishing villages provided the correlations between socioeconomic factors, lead melting practices, and elevated blood lead levels. Interestingly, high lead levels were also observed in these communities despite the absence of local lead industries, highlighting a neglected public health concern in subsistence fishing communities.

Dalibandhu and Sharma (2018) investigate the occupational health hazards faced by the Jalari population in North Coastal Andhra Pradesh. They identified several occupational hazards that affect fishermen, including injuries related to falls, diseases related to equipment, musculoskeletal disorders, morbidity associated with work schedules, and issues related to socializing and addictions. It also highlights fishermen's dual burden: higher rates of illness and lower economic returns, which strain social ties within and outside the family. It also examines how fishermen perceive hazards and how these risks evolve due to changes in fishing methods and technological advancements. The impact of stress on their physical and mental

health also influences their occupational health. Another article also reported that after transition from traditional fishing to modern fishing practices, the fishermen are exposed to new occupational health risks, which lead to occupational health accidents during fishing expeditions (Dalibandhu and Rama Mohan, 2022).

Dalibandhu and Sharma (2020) noted the crucial role of divinatory functionaries, specifically the *dasudu*, among the Jalari community in South Indian fishing communities. It delves into the significance of personalistic etiologies, highlighting the impact of social roles, occupational hazards, and ethos of the community among the Jalari fishing community. The study also narrated the critical role of magico-religious specialists and provided insights into the complexity of sickness theories and healing methods in these communities. While moral ideals and reciprocity are prevalent in societies prioritizing personalistic etiologies, this study offers a unique perspective by examining fishing communities' emotional and social aspects.

Doddamani et al. (2021) examined fishermen's challenges, a vulnerable occupational group that spends substantial time at sea. They conducted a study among 681 fishermen in Coastal Karnataka and identified key risk factors for Non-Communicable Diseases (NCDs). The prevalent issues include poor dietary habits, extreme stress, substance abuse, and increasing waist circumference. Another study by Rahaman et al. (2021) examines fishermen's nutritional habits, health, and socio-demographic characteristics. Despite the growth of the fishing industry, fishermen continue to face challenges, particularly with financial circumstances. Irregular fish catch leads to uneven income, prompting many to seek alternative employment. Large family sizes, low education levels, and a lack of fishing supplies aggravate their poverty. Fishermen living in mud or kutchha huts suffer from low iron absorption, infections, and iron deficiency, leading to malnutrition. They are also more susceptible to illnesses, skin conditions, respiratory disorders, and injuries.

Methodology

The study was conducted among the Palli fishing caste in the coastal village of Palakayatippa, which is part of the Ullipalem Panchayat in West Godavari District of Andhra Pradesh, India. All the members of this community primarily depend on marine fishing as a livelihood. This study engaged with a multifaceted research approach that covers the dynamics of health and illness and their relation to the occupation among the community members. It also employs qualitative and quantitative methods to obtain information from the community.

Data was collected using simple random and purposive sampling techniques, resulting in fifty-four interviews, two focus group discussions, and eight informal group discussions to obtain data from fishermen and fisherwomen. Observations are also made to identify and record healing practices, mapping local healthcare resources for understanding accessibility, and to gain first-hand information from the informants. Close observations of local healthcare providers offered insights

into the community's illness status and occupational health. Case studies are also collected to understand healthcare practices and sick role behaviors among men and women. Focus Group Discussions with healthcare providers enhanced understanding of the causative agents of various illnesses and community healthcare practices. Secondary data was gathered from both official and non-official records. This included data from the Primary Health Care (PHC) centre, Grama Sachivalayam (Village Secretariat), Accredited Social Health Activists (ASHA), and Medical Officers from local PHC and Anganwadi, providing preliminary information on healthcare practices in the study area.

Perception of Health, Illness and Aetiologies

Aetiology refers to the systematic study of the causes and origins of illnesses. In medical anthropology, understanding aetiology involves unravelling the web of cultural, social, and environmental factors contributing to disease occurrence. The human understanding of health is adorned with many interpretations, each revealing a facet of its complex essence. Their cultural and causal thinking influences the perception of health among the fishing community of Palakayatippa. Illness involves a complex diagnosis and prediction system involving natural and supernatural factors that determine the individual's physical and mental health status. They use various illness narratives that derive from different sources of information, such as symptoms, dreams, omens, astrology, and divination, to determine the causes and outcomes of their illness aetiologies (Nuckolls, 1991; Dalibandhu and Sharma, 2020). The community members perceive illness to disrupt their normal functioning, characterised by pain, uneasiness, or abnormal body functions. They classify illnesses as significant and minor, depending on the severity and duration of the symptoms. Illness is also seen as a disturbance in the harmony between the individual, society, and supernatural powers. This could be due to the wrath of God or local God and goddess, spirit possession, ancestral spirits, or black magic. They associate certain health conditions with their lifestyle choices and socioeconomic status.

Illness is a universal human experience, but the ways we understand and respond to it are shaped by our cultural context (Kleinman, 1980). Medical anthropology, as a field, seeks to explore these cultural dimensions of illness, examining how cultural beliefs, practices, and social structures influence health, illness, and healthcare (Baer et al., 2003). Cultural beliefs play a significant role in how individuals interpret their symptoms, seek treatment, and adhere to medical advice. For instance, in some cultures, illness may be attributed to supernatural causes, such as the displeasure of ancestors or the influence of evil spirits, which can lead to traditional healing practices alongside or instead of biomedical treatments (Unutzer et al., 2000). Similarly, the perception of health among the communities can be understood as a complex and dynamic phenomenon shaped by their cultural worldview, their

adaptation to the environment, and their response to social change. Their health perception reflects their values, beliefs, knowledge, and practices, as well as their challenges, opportunities, and aspirations. It also reveals the diversity and plurality of their healthcare systems, which incorporate traditional, modern, and alternative medicine elements. Social interactions also play a role in their health perceptions. Being active in group conversations is seen as a sign of good health, while being silent or less talkative is considered a sign of ill health or mental illness. The perception of health and illness by the villagers is:

Health as the Absence of Illness

Health is a binary state where a person is either healthy or diseased, depending on the presence or absence of any signs or symptoms of illness. The community members believed that no pain, uneasiness, or false activity, or that a person has no problem functioning in all their body parts, and good sleep indicates that they are healthy.

Health Reflects the Determination of Socio-Economic Status

In some cases, good health is associated with economic status. The informants reported that being healthy is a costly affair nowadays and that they need to be more conscious of their health than any other prioritised aspects in their daily activities. Furthermore, socio-economic conditions also impact their health and determine their well-being. It is also reported that financial constraints can limit access to healthcare in many societies, including small fishing communities, especially in rural or impoverished areas. This gives an understanding of socio-economic barriers in healthcare. The villagers' access to and choice of healthcare services are primarily determined by their economic situation and availability of resources. They often face difficulties in getting clean drinking water, proper sanitation, drainage, and waste disposal, which contribute to spreading water-borne and vector-borne diseases, such as typhoid, diarrhoea, skin infections, and malaria. They also have limited options for seeking medical help, as the nearest government hospital is far away, and the private clinics are expensive. They sometimes rely on mobile medicine vendors or government schemes, such as the Family Doctor Concept or the Pradhan Mantri Matru Vandana Yojana, which provide basic health care and maternity benefits.

Health as A Spiritual State

One of the elderly informants, about 68 years old, believed that injection, treatment, and God's help cure the person of the improper body to function appropriately. This highlights the role of biomedical interventions (injection and treatment) and spiritual beliefs (God's help) in health, which improves individual well-being. It also suggests a syncretic approach to health, where biomedical and traditional beliefs coexist and complement each other for understanding and maintaining

healthcare. It also believes that health is a state of harmony between the individual, the family, the clan, and the interventions of supernatural beings. Any disturbance in this balance can cause illness or misfortunes at the household level. For example, they attribute some diseases to the wrath of God or local gods, spirit possession, ancestral spirits, or black magic, leading to illnesses among the household members. In case of illnesses due to supernatural beings, they also seek remedies from local traditional healers to cure illnesses. Moreover, they also contacted local medical professionals for healthcare treatment and used allopathic medicine, depending on the nature and severity of the illness.

Health as A Function of Lifestyle

There are several illness attributes associated with their health status, such as imbalanced dietary habits, occupational hazards, and consumption of alcohol, tobacco, and *kaini* (chewing tobacco). The informants noted that some of these practices can have adverse effects on their health, leading to diabetes, hypertension, cancer, or paralysis. They also have some home remedies, such as using salt water, juice of neem leaves, drinking ginger, etc., to prevent and treat some common ailments at the household level in the fishing community.

Concept of Hot & Cold and Healthcare Perceptions

The hot and cold concept has been utilised to understand and interpret health and illness in the fishing community. This concept encompasses the belief that the body's equilibrium is maintained through the balance of hot and cold forces, and an imbalance in these forces can lead to illness. This concept is also crucial in diagnosing and treating ailments concerning Ayurveda from the perspective of traditional medical systems. Understanding the hot and cold concepts provides valuable insights into the diverse cultural perceptions of health and the different approaches to healing practices. This concept is not only a reflection of cultural beliefs and values but also impacts on the way individuals seek and receive medical care.

The dietary practices of the community members are deeply rooted in their socio-cultural and historical contexts. Their food is categorised into hot (*vedi*) and cold (*salava*) based on the physiological responses they believe these foods induce. Seafood, their staple diet, is considered 'hot' due to its high protein content, which they believe raises body heat. The hot food items among the non-vegetarians include chicken, mutton, fish, prawns, crab, etc. Vegetables like drumsticks and potatoes are also hot food items.

The members of the fishing community considered this concept aligned with the Ayurvedic humor principles, known as *vata*, *pita*, and *kapha*. The villagers perceive their body heat through various indicators such as urine colour, burning

sensations at the end of the urinary duct, esophagus, digestive tract, redness of eyes, cuts on the lips, dry palms, and constipation. The members of the villagers employ various treatments and dietary practices to manage and balance this body heat. One such treatment is the application of *kalikkam*, a medicinal substance, in the eye's mucous membrane. This treatment, which involves instilling drops or applying a paste form of *kalikkam* in the inner margin of eyelids, is believed to improve vision acuity, help treat certain types of fever, fits, headache, and cataracts, and, importantly, reduce body heat.

Fever, a common health issue, is identified through increased body heat, high temperature, lack of sleep, and a dry tongue. Interestingly, they believe that smoke can provide heat to the body to sustain it in cold seawater. This body heat, if escalated, is believed to give rise to piles. It is also reported that the members who suffered from piles in the village attributed the prevalence of piles to the body heat generated by their dietary practices.

To counterbalance the heat, they consume 'cold' foods such as curd (*perugu*), coconut water, tapioca pearls (*sagubiyam*), basil seeds (*sabja*), and yellow cucumber (*cucumis sativus*). Curd is particularly valued for its cooling properties and affordability. Their meals are carefully balanced to maintain a state of equilibrium between 'hot' and 'cold' foods. This balance reflects their cultural adherence to their occupational staple food from the sea, 'hot,' and their consumption of dairy products such as curd and milk, which are 'cold.'

This tangled food structure exemplifies the dietary practices of South Indian coastal fishing communities. Despite introducing fast foods like noodles and manchuria, they continue to classify these new foods into their existing 'hot' and 'cold' categories based on their perceived effects on the body. This demonstrates their cultural adaptation to new food varieties while maintaining their traditional classification system. They also incorporate a wide variety of foods into their occasional menu, such as sweets for marriage ceremonies, but remain conscious about categorising them into 'hot' and 'cold.'

Illness Causation and Attribution of Spirit Possessions

The fishing community, illness is often perceived differently than in any modern healthcare practice. The sudden behavioural changes, loud screaming, and disruptive actions could be attributed to cultural beliefs and practices. This could be recognised as illness experiences shaped by cultural norms and belief systems in the community context. The behaviour described might be labelled as an "illness," "possession," or "*deyyam pattadam*" in local terms. People in rural areas often attribute such occurrences to supernatural forces, malevolence, or spiritual disturbances. The sudden onset of these symptoms and disruptive behaviour could be seen as a sign of spiritual affliction. *deyyam pattadam* reflects local beliefs about malevolent

spirits and fatigue in the community. To treat these symptoms, the members of the community consult local healers among the community members. The remedies for this condition vary based on the religion they follow. Hindu followers generally consult *bhoota vidya nipunulu* (traditional religious healer or shaman) and visit sacred places like Koduru Darga or Masjid to treat these symptoms. The followers of Christianity and local church pastors arrange prayers for healing and recovery from these onset symptoms. Supernatural elements, such as the evil eye (*disti*) and black magic (*chetabadi*), are integral to their belief system and are also attributed to natural aetiologies. They are often associated with frequent illnesses like colds, coughs, and fever due to locally changing weather conditions and any injuries from fishing expeditions.

Conclusion

The cultural context of health and illness is a significant concern for the fishing community, drawing from various influential factors, particularly their socio-economic conditions. The emphasis on poor economic conditions has played a significant role in assessing health status and access to healthcare in the fishing community. Financial support is needed to raise affordability and access to free healthcare so they can access health choices for their well-being. Their cultural beliefs and social realities shape the community members' understanding of health and illness. The importance of local knowledge and healthcare interventions ensures community health's cultural appropriateness and effectiveness. It also highlights the dynamic and complex nature of health and illness, influenced by natural and personalistic aetiologies among the Palli of Palakayatippa in Andhra Pradesh.

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