

## TRANSFORMATION OF HEALTH PERCEPTION AND BIOMEDICAL CARE: POLITICAL ECONOMY OF HEALTH AND WORLD SYSTEM THEORY

Anwaar Mohyuddin\*  
Waheed Chaudhry\*\*  
Mamonah Ambreen\*\*\*

### Abstract

This research paper mainly deals with the villagers' perception about diseases which are commonly found in the village. It also contains a discussion on the existing position regarding mode of treatment in the village. The research was conducted in Village Zandra, District Ziarat in the province of Baluchistan. An effort has been made to find out the medical system working in the village which included both beliefs and perceptions related to health and illness and also the activities which natives have adopted or developed to maintain and restore their health. Initially the natives were using traditional and spiritual healing systems, but now, as their economic condition and literacy rate are improving they are more inclined towards the modern methods of treatment. During the last 3 decades few changes have been witnessed. Shift from subsistence to market economy has increased the use of allopathic medicines due to which the natives have started opting for secondary sources of income. This research paper would explore the application of world systems analysis to the health care systems. While discussing the relationship between the developed and underdeveloped countries on health related issues most of the writers have used the term political economy of health. This term refers to the analysis of health policy and the development, health service in a broader macro-economic and political context. This article will analyze these changes in light of world system theory at micro level. The data presented in this paper has been collected by using qualitative anthropological research techniques.

**Keywords:** health, illness, allopathic medicines, hygiene, pharmaceutical industry, core, periphery, semi-periphery

### Introduction

Illness is an inevitable phenomenon in all human societies. Every society perceives this phenomenon and arranges the measures to cope with the circumstances created by it, in its own context. Therefore beliefs about the phenomena of illness and practical measures taken by the society to cope with this phenomena, differ from society to society. These beliefs and practical measures are transformed from one generation to another and thus they continue for a long period of time.

---

\* Anwaar Mohyuddin, Department of Anthropology, Quaid-i-Azam University, Islamabad

\*\* Waheed Chaudhry, Department of Anthropology, Quaid-i-Azam University, Islamabad

\*\*\* Mamonah Ambreen, DNFCE, Allama Iqbal Open University, Islamabad

Phenomenon of illness is normally perceived in the context of culture. Certain measures to face the illness are developed on the people's perception. Majority of the people in underdeveloped world especially in the rural areas use traditional health care systems. The term traditional medicine implies medical techniques traditionally developed and used in various societies which include herbal medicine, Ayurvedic medicine, Acupuncture traditional Chinese medicine and Homeopathy. Traditional Medicine entails the use of many items such as herbs, leaves, oil etc. Traditional healers can make use of natural resources commonly found in their environment. Traditional medicine is less costly. In these conditions normally developed countries interfere through government and non-government health organizations by providing awareness and basic health facilities. In collaboration with these organizations people adopt certain new measures to cope with the illness. This change (adoption of new measures) affects natives' perception about health and illness.

The meaning of health changes with time and social conditions of men. Health in the hygienic sense, evolved over thousands of years as an approach for survival and long life. Having good health is one of the basic needs of all human societies. The definitions of health have been broadened to encompass social and emotional factors, rather than being restricted to clinical criteria. The constitution of the World Health Organization (WHO) defines health as a complete state of physical, mental and social wellbeing and not merely the absence of illness. In other words, health is the condition of the body in which all its parts are functioning efficiently and in routine manner. Health is an issue which holds central importance for every nation of the world.

### **Locale of Study**

The present research was conducted in Village Zandra, District Ziarat, in Baluchistan, Pakistan. Zandra Village is situated 108 km southeast of Quetta just 12 km short of Ziarat town. Notable villages nearby are China, Pachi and Patow. It is said that the name Zandra was derived from Zarind, means water operated flour mill. The village is 8,000 ft. above sea level and is surrounded by grey hills, apple orchards and Juniper forest, which is considered to be the 2<sup>nd</sup> largest in the world. Thus, the area is greener than other areas of the province. Area wise Baluchistan is the largest province of Pakistan. It shares its northern border with Afghanistan with major cities of Chagai, Quetta and Zhob. The western border is shared with Iran via districts Makran and Kharan. The eastern end is bounded by the Sind province, whereas the Arabian Sea lies on its south.

### **Research Methodology**

The methods used for this research include socio-economic survey, participant observation, key informant interviews, interviews, case studies and focus group discussions. For socio-economic survey 100 households were selected through simple random sample. We choose two key informants in the village on our personal judgment basis, which knew most of the people in the village and their socio-economic conditions. Stratified random sampling technique was used. Target population was divided into economic classes and 50 couples were selected randomly from each class. Participant observation was used in order to get a first hand and accurate information about the respondents. We participated in the daily activities of the village. In-depth interviews were conducted with the elder members of society to get detailed information. Case

studies were conducted to get a detailed presentation of data related to different events. This research was a longitudinal study. First of all a 4 month visit was conducted in 1987, then a couple of month long visits in 1990s and finally in 2010.

### **Theoretical Framework**

The world systems theory or the development-of-underdevelopment school would be used to analyze the “under-development of health” in the peripheral region. It will focus on the unequal relationship between core and periphery on health care systems. Theoretical concept has been borrowed from the works of Immanuel Wallerstein, A. G. Frank, and Walter Rodney, who logically believe that the development of capitalism in core countries requires a continuous and conscious underdevelopment of peripheral countries for regular supply of raw materials and cheap labour.

Some of the scholars were very enthusiastic and started analyzing social and health consequences of capitalist expansion at global level. World system theory became popular among the medical anthropologists like Onoge (1975), Morsy (1979), Baer (1983, 1986b) and Singer (1986a), who were trying to develop a relationship between political economy and medical anthropology. Some other medical anthropologists including Wasserstrom (1979), Ferguson (1980) Nash and Kirsch (1986) while discussing about exploitative corporations and industries, have pointed out some harmful effects of development of capitalism on health care systems in peripheral regions. Their approach also supports the world system theory. Davison (1983) and Heggenhougen (1984) in their discussion about the relationship between socio-political configurations and health policies and DeWalt (1983) and Whiteford (1985) while talking about harmful nutritional impact of rapidly growing capitalist ventures have also highlighted the same issues.

Interest in political economy of health revived in 1970s when dependency theory was put forward by Doyal and Pennell (1976), Elling (1976, 1977, 1978), Frankenberg and Leeson (1973), Kelman (1971, 1975), Lichtman (1971), Rosedale (1965) and Waitzkin (1978). Works of A. G. Frank (1969, 1972), W. Rodney (1974) and Wallerstein's world systems theory (1974) were an advanced version of the same theoretical concept, where underdevelopment means the transfer of wealth by exploiting periphery and semi-periphery by core countries which encourages rapid scientific development so that Western medicine and other scientific institutions could surpass underdeveloped countries of the world (Gish 1979).

Some political economists of health (Turshen 1977; Doyal 1979) argue that the prevailing situation of poor health and health care systems in peripheral countries is due to the development of underdevelopment by creating technological and economic dependency on the international capitalist system. While explaining health, they borrowed the basic idea from Walter Rodney (1974) who was influenced by Frank and Wallerstein. They borrowed these concepts because medical imperialism follows the same path as capitalist expansion. Main features of medical imperialism as pointed out by Doyal and Pennell (1976), J. Paul (1978), Waitzkin (1978), Elling (1981a) and Franco-Agudelo (1983) are as under:

1. It extracts human resource from the peripheral countries in the form of trained health workers who migrate to the core countries as part of the brain drain.
2. It helps to find out and maintain cheap labor for capitalist industries.
3. It creates new markets for medicines, pesticides, medical equipment, and technical assistance.
4. It strengthens the class relations of core countries through the medical division of labor.
5. It provides covers for counter insurgency and other military efforts.

Berliner (1982) and Kelman (1975) say that capitalism and biomedicine support each other in their ideological constructs and share the same goals to create ambiguity for socio-economic reasons of health and economic underdevelopment. World system theorists and political economists of health (Brown 1979, Waitzkin and Waterman 1974, and Elling 1981a) propose the same solution to the problems related to dependency and underdevelopment, and that is to put an end to capitalism.

Elling (1981a, 1981b) has pointed out an important issue in relationship of capitalism with health care systems. The goal of profit maximizing does not always match the goal of maintaining health. The desire for maximum profit leads the employers to pay the minimal remunerations and benefits to the workers due to which they cannot maintain their health. They cannot even purchase commodities and services like food, housing, and education. Often profit maximization does not allow the employer to provide a technically safe working environment and the industrial waste causes environmental pollution. A worker living and working in such conditions cannot be a productive worker and the industrialist cannot risk low productivity.

Most of the world system theorists have analyzed its implementation at the macro level. The exploitative relation between core and periphery has been studied at the state level. In this research this model will be put to test at the micro level to confirm, revise or drastically change the reasoning built into this. Its impact would be observed on village economy, education and health care systems. During the last couple of years the researcher is trying to examine how this development of underdevelopment influences the masses at grass root level, especially in the field of economy, education and health (2012a, 2012b, 2012c, 2012d, 2012e, 2012f, 2012g, 2013). Husain (1976) sees the impact of development at micro level. In the field of education Di Bona (1977) and Keith (1978) have studied the implementation of world system analysis at micro level. Arnove (1980) has emphasized the need of further research at micro level.

## Results and Discussion

Diseases refer to abnormalities in the structure and/or function of organ and alright pathological state whether or not they are culturally recognized. The local concept of diseases pertain to a pain experienced by the person i.e. "No pain – no disease". They don't consider anything as disease unless its pain becomes unbearable. The people used the word *bimari* (disease). As for cause of illness their perception mainly drives from

their belief system. Their beliefs are handed down from generation to generation and are based upon traditions with little influence of current medical knowledge.

People, in general, perceive diseases differently as compared to a doctor. They make evaluations primarily in terms of their own direct experience. All human beings, irrespective of their culture and society, have to encounter with the phenomenon of illness, but they perceive this phenomenon in the context of their own culture and society. On the basis of their perception they treat it accordingly. Foster (1978) says, "Societies define illness, in different fashions and symptoms that are accepted as evidence of illness in one society may be ignored in the next. Definition within the same society may also change."

Majority of the people of Zandra define the phenomena of illness in terms of a condition in which body suffers from pain and in which an individual feels weakness, laziness and temperature in his body, becoming unable to perform his daily tasks. Even sometimes he cannot walk and talk. A 44 years old male respondent defined illness, "It is a sort of condition in which the body aches, suffers from temperature, leaving the person lazy and unable to do his daily routine work. Cholera is an example of illness." Most of the respondents defined illness as "pain in any part of the body ". Thus, in this society, a person having pain in any part of body is regarded as ill. Natives also give examples of illness by giving names of various illnesses such as headache, stomach ache, cholera, diarrhea etc. Mental disorder is also regarded as illness. During a group discussion, a 50 years old respondent said, "There is a person in his neighbourhood who is mentally ill. He does not sleep the whole night and constantly cries for hours. This started taking place after the death of his twenty five years old son in a road accident."

People of Zandra also regard pregnancy as an illness believing that a woman in pregnancy has to suffer from pain in body and cannot perform her daily tasks in a proper way. Thus pain, weakness, laziness and temperature are the main symptoms of illness. Blood deficiency is also considered as the sign of illness and the amount of blood in body is judged from the face colour. A respondent said that he had become pale due to blood deficiency in his body.

Absence of worry is also regarded as health. A 70 years old male respondent defined health as, "No pain and no worry is health". Sufficient amount of blood and flesh in the body is also regarded as health. Mostly people declare those people healthy who are fat and have reddish face complexion (which is sign of sufficient amount of blood in the body). Thus natives of Zandra perceive good health in terms of absence of worry, pain-free body, ability of digestion and sufficient amount of blood and flesh in body.

### **Natives' Beliefs about Causes of Illness**

During the research it was found different responses to the causes of diseases. The most common answer was that disease comes with the will of God. The people of Zandra have their own beliefs and ideas about the causes of illness, which determine their health seeking behaviour. According to Foster (ibid), "In account after account we find that the kinds of curers the mode of diagnosis, curing techniques, preventive acts and the relationship of these variables in the wider society of which they are a part derive from beliefs about illness causality."

**Table 1: Causes of Illness**

Sr.	Causes	Respondents by age					
		60 +	%	40-60	%	20-40	%
1	<b>Natural Causes</b>						
	• Unhygienic conditions	4	4%	12	12%	23	23%
	• Environment severities	2	2%	5	5%	6	12%
	• Allopathic medicine	0	0%	1	1%	7	7%
	• Contact with outsiders	0	0%	2	2%	5	5%
	• Too much work	2	2%	2	2%	6	6%
2	<b>Biological Causes</b>						
	• Inherited illnesses	2	2%	2	2%	4	4%
	• Lack of blood/ Energy	1	1%	3	3%	4	4%
	• Malfunctioning of body organs	1	1%	3	3%	3	3%
3	<b>Food</b>						
	• Modern food habits	15	15%	11	11%	6	6%
4	<b>Psychological causes</b>						
	• Worry and unhappiness	4	4%	7	7%	4	4%
5	<b>Supernatural Causes</b>						
	• Evil eye	22	22%	16	16%	10	10%
	• Spirits	12	12%	10	10%	6	7%
	• Fright	8	8%	5	5%	2	2%
	• Sorcery (Jadu)	10	10%	9	9%	6	6%
6	<b>Religious Causes</b>						
	• Fate	17	17%	12	12%	8	8%
	<b>Total</b>	100	100%	100	100%	100	100%

Source: Field Data

The causes of illness can be placed into six categories. The first category includes natural causes. In this category they include germs, dirty environment, allopathic medicine, too much work and contact with the outsiders. The young generation of the natives is fully aware of the importance of hygiene. Twenty three percent respondents of

young age group, twelve percent of middle and four percent of senior citizens mentioned unhygienic conditions as the sole cause of illness in which they include dirty living conditions, wearing dirty clothes, not taking bath regularly, unhygienic food and unclean utensils used in the kitchen.

Few of the respondents said that due to unclean environment, flies cause illnesses. They also give names of the diseases caused by un-cleanliness. Some respondents describe germs as a direct cause of illness, but most of the respondents referred towards them while talking about unhygienic conditions. A woman during her menstruation period is also regarded as unclean and she usually avoids physical mixing up with other members of the family. People believe that if a child sits in the lap of an unclean (menstruating) woman, he gets his eye sore.

The respondents further said that in the past, they were not aware of unhygienic conditions as a cause of illnesses, but gradually, they got awareness from the educated people, doctors and basic health unit of the village, doctor's discussion on the radio and the emphasis on cleanliness by the religious leaders. The influence of education, availability of health facilities, mass media and spiritual leaders' instructions on the natives' perception of causes of illness is evident.

Six percent of the respondents of young age and five percent of the middle age group mentioned environmental severities as a cause of illness. Whereas on two percent of the old respondents stated the same reason. By environmental severities, they mean extreme temperatures. They say that they get exposed to the hot weather in the summer for working in the fields and thus have to suffer from illnesses like headache and temperature. While in the winter, they suffer from the illnesses like pneumonia and cough due to the extreme cold weather. An old respondent narrated, "In the summer we remain in our fields under the sun with severe thirst and fall ill. In winter, if we do not cover ourselves properly, we suffer from different diseases."

Seven percent and one percent of the respondents of young and middle age groups respectively regarded allopathic medicine and pills as the cause of illness. A female respondent said, "The doctor's medicine eats us from inside and make us hollow." Another male respondent commented, "The doctor's medicine, while curing one illness, gives birth to another illness e.g. Panadol kills headache but starts stomach ache on the other hand. Majority of the people aging above 60 years do not like the modern medicines because of their side effects. They think that the patient has to recover twice, first from the illness and then from the side effects of the medicine. The disease continues to persist and returns back in a different form at a different time. Moreover, these medicines produce dietary deficiencies by destroying the body's natural nutrients. The root cause of disease is free flow of toxins in our body, created by emotional disturbance; un-healthy food, lack of physical exercise etc. and these modern medicines produce even more toxicity at a time when the body is least capable of coping with it. Therefore, the power to cure lies not in these medicines, but in nature.

Five and two percent of the respondents of young and middle age groups respectively said that different diseases have been intruded into the society due to contact with the outsiders. They said that in the past, no outsiders such as tourists arrived in Ziarat Valley and there was very less interaction of the natives with the outsiders. However, today, the

situation has changed and now there is a great flow of tourists and foreigners into their society and they bring various kinds of diseases with them. The interaction of the natives has also increased because they have started traveling outside the valley quite frequently.

Six percent of the respondents of young age and two percent of middle and old age groups each regarded extra work (physical exertion) as a cause of illness. Usually women of middle age group refer to the nature of their work as the cause of their illnesses such as bone ache and joint ache. As it has been mentioned in the village profile that the area of this village is mountainous and a person's land possessions are scattered. The women had to carry fodder and woods on their backs from their orchards and forests situated at a long distance. Therefore, women regard the nature of their work as the cause of their illnesses. Most of the old female respondents refer their current illness as a result of their work they have been doing in their youth. Now the condition is different. Most of the households do not keep livestock and the government has also provided natural gas for household use, so the ladies do not have to carry fodder and woods. That's why the percentage of the female decreased in the young age whereas the percentage of males increased because majority of them is striving hard for money.

The second category of causes in which natives believe can be termed as biological causes. The first cause of illness in this category is inherited illnesses. Four, two and two percent of young, middle and old age respondents respectively revealed that mostly people get certain illnesses in inheritance and fall ill. A respondent referred diabetic patients in this regard.

Further four percent of the young respondents mentioned deficiency of blood and energy in body as a cause of illness. This idea was also supported by three and one percent of middle and old age respondents respectively. By energy, they mean physical strength and ability to perform physical tasks like carrying things (such as wood) from one place to another. They also say that blood and energy deficiency occurs for taking less energetic food. They say that a person develop this deficiency for remaining ill for a long time, which causes further illnesses.

Three percent of the respondents belonging to young and middle age group each and one percent of the senior citizens believed that malfunctioning of the body organs is a main cause of their illness. They said that human body has specific organs for specific functions and illness can occur due to malfunctioning of any of the organs. They further added that careless eating can cause illness. They also said that any infection in the blood also causes illnesses like scabies.

Fifteen percent of old, eleven percent of middle and only six percent of the young age respondents attributed modern food habits as a cause of their illness. By modern food habits, they mean the use of tea, spicy meal, butter, ghee, cooking oil and wheat flour brought from Punjab. This group of respondents mostly consists of old and middle age people. They say that in the good old days, they used to produce all food items in the village such as wheat, maize, oil (oozed out of apricot nuts), apricot juice and butter. They regard these items as pure. These days, people bring food items including flour, rice, sugar, milk, spices, cooking oil, tea etc. from Punjab and Sind. These products are considered as impure for being treated in factories. Referring to Dalda Ghee, they said



that no one knows the type of impurities added to it. They further said that modern chronic illnesses such as blood pressure, cancer, T. B (Tuberculosis), diabetes were totally unknown in the past, but today they have become very common and all this has occurred due to modern impure food items.

A 70 years old man said, "Today, people do not take the food which was available to their forefathers. Now they take it from the bazaar and fall ill." A female respondent said, "Though in the past, we used to work hard to produce the food items, but now these items are easily available in the bazaar and we are at ease. However, this comfort has also brought discomforts in the form of illnesses.

In the fourth category of illness causes, there comes psychological cause of illness. Four percent of young, seven percent of middle and four percent of old respondents mentioned worry and unhappiness as the cause of ill health. One of the key informant said, "Worries disturbs our heart and mind and causes different illnesses like headache and heart illness." Thus natives believe that worry and unhappiness not only cause mental disturbances but also cause certain other physical illnesses.

Another category of causes of illness, in which natives believe, are the supernatural causes. This means the illness caused by different supernatural forces. Foster (ibid) says, "Supernatural etiological categories refer to those explanations that place the origin of disease in suspensible forces, agents or acts that cannot be directly observed. Explanations of disease such as sorcery, witchcraft, spirit intrusion, susto, evil-eye and the like fall in this category."

Evil-eye is a very strong belief among the senior citizens of the village. Twenty two percent of the respondents of old age group referred it as a strong cause of illnesses (both minor and major illnesses). This phenomenon of evil-eye is called *huri nazar* and is getting less popular among the young generation. Only ten percent of the young respondents supported this idea. Same is the case with spirits, fright and sorcery, which are also getting unpopular among the same age group.

Evil-eye is believed to affect not only the living but also non-living things. The natives believe that as far as human beings are concerned, evil-eye has a severe effect and due to it, a victim falls ill and sometimes dies. This happens when a person with evil-eye casts a glance at a person having extra human qualities such as health, craftiness, beauty, etc. and a sudden greed comes into his heart for these qualities.

Usually people define evil eye as "magnetic rays" in a person's eye. There is no specific time period for evil-eye to show its effect, but usually it happens soon after casting evil-eye on a person. People believe that usually evil-eye is caused unintentionally and it is not necessary for the person with the evil-eye to be aware of his this power. Mostly women respondents mentioned evil-eye as a cause of their children's illness. They used to refer to the fact that their children were healthy and a person with evil-eye caused an evil-eye due to which they remained ill and became weak.

A person, whether he is a friend or foe, relative or any non-relative can cast evil-eye. A respondent narrated his daughter's case, "My daughter is two years old and is fair in complexion, healthy and active. One day my cousin who has no child came and appreciated my daughter's health and activeness. When he left, she started crying and

did not sleep during the whole night. The next day, she suffered from diarrhea. I knew my cousin had caused evil-eye for my daughter because he had not uttered *Masha Allah*<sup>1</sup>.

The sixth category of illness causes is influenced by the natives' religious beliefs. Seventeen percent of the old respondents said that if illness has been written in your fate by God, then it has to occur, no matter what measures you adopt to prevent yourself. Thus God's will and fate is regarded as the cause of illness. A 50 years old female respondent said, "Illness never occurs due to un-cleanliness or any other cause but it occurs as a result of fate written by the God at the time of one's birth." This phenomenon of fate is also losing its popularity among the young generation. Only eight percent of the young respondent supported this idea.

From the above data it is evident that the natives' ideas and beliefs about illness causes can be placed into six categories mentioned above. The people of Zandra also believe that one illness may have two causes from two different categories or two causes from the same category of causes of illness.

A 21 years old young woman was mentally ill and used to suffer from fits almost twice a week, and used to beat other people sitting around her. She said that all her mental problems were due to unhappy life leading with her husband who was cruel to her. On the other hand, she also said that once in her orchard under the big apple tree, she had encountered with fright and after that she started suffering from fits. This case represents natives' beliefs that two causes from different categories can cause one illness. Fright (supernatural category) and unhappy life (psychological category) have been mentioned as the cause of same mental illness. In another case, a male respondent narrates his child's illness (fever) caused by evil-eye and fright, which had occurred soon after his birth in a public gathering. In this case, two causes (evil eye and fright) have been mentioned as the cause of the same illness and these causes are from the same category of supernatural causes.

It is evident from the above data that the natives' beliefs are influenced by their religious beliefs, social interaction, education level and access to mass media. One thing is necessary to mention here that majority of the young and educated people mention un-cleanliness and malfunctioning of the body organs as the cause of different illnesses. They also refuse to accept the supernatural forces as the cause of illness. This point also reveals the fact that people's educational level affects their beliefs regarding disease etiology.

Uneducated people have mentioned that they have received the idea of unhygienic conditions as a cause of various illnesses from the educated people, doctors in the village and radio. This fact reveals the influence of social interaction of the natives with educated people, doctors and their access to mass media, on their beliefs related to disease etiology. While the educated people say that they have received this idea (idea of un-cleanliness as the cause of illness) through education which they have received.

### **Transition from Traditional to Modern**

---

<sup>1</sup> May God protect you from evil-eye

In fact, the locale of research is in transition from traditional to modern way of life due to economic uplift, education in the area and local's contact with the outside world. During this transition, change has also occurred in the beliefs regarding the phenomena of health and illness and also in the mode of treatment used by the native people, which resulted in the adoption of allopathic mode of treatment. Despite that, the people of the village still carry their traditional health related beliefs and traditional ways of treatment (use of faith healers and home remedies) along with allopathic mode. Thus pluralistic mode of treatment is prevailing in the village, and therefore, in Zandra, beliefs about health and illness have elements of both modern and traditional beliefs (related to health and illness).

People of Zandra perceive the phenomenon of illness and take precautionary and practical measures in the context of their own culture. But after the provision of basic health facilities in certain parts of Balochistan by government and non-government health organizations, this situation has changed. In the village health facilities at Basic Health Unit (BHU) have improved during last three decades. Medical supplies are provided free of cost in this health centre. Two medical stores in the village and two private clinics in Ziarat are operating and providing health care facilities at an affordable cost. The development in the transport sector has played a major role in improvement of the health standards of this area. As a result, there is a change in the natives' behaviour and in their health related beliefs. Opening of BHU and awareness brought about by electronic and print media has caused a shift in interest of the people, especially the young generation, from *hakeems* (traditional healer who treats with herbs) and the faith healers to allopathic treatment.

They have different measures against different illness causes including (natural, biological, supernatural, psychological and food intake). The natives believe that illnesses caused by natural causes can be averted by keeping hygiene and taking pure food. Over work should be avoided and doctor should be consulted even for minor illnesses. For supernatural causes of illness, natives consult the faith healers.

Majority of the people of Zandra define the phenomena of illness in terms of a condition in which body suffers from pain and in which an individual feels weakness, laziness and temperature in his body, becoming unable to perform his daily tasks. Natives also give examples of illness by giving names of various illnesses such as headache, stomach ache, cholera, diarrhea etc. Mental disorder is also regarded as illness. People of Zandra also regard pregnancy as an illness believing that a woman in pregnancy has to suffer from pain in body and cannot perform her daily tasks in a proper way. Natives perceive good health in terms of absence of worry, pain-free body, ability of digestion and sufficient amount of blood and flesh in body.

The causes of illness can be placed into six categories. The first category includes natural causes. In this category they include germs, dirty environment, allopathic medicine, too much work and contact with the outsiders. The second category of causes can be termed as biological causes which include inherited illnesses, deficiency of blood and energy, and malfunctioning of the body organs. Illnesses caused by modern food habits are placed in third category. Psychological causes are placed as category four. Supernatural and religious causes are treated as category five and six respectively. It is believed that one illness may have two causes from the same or two different categories.

Above discussion shows that the natives' beliefs are influenced by their religious beliefs, social interaction, educational level and access to mass media. Influence of education is evident on their beliefs regarding disease etiology. Young and educated people mention un-cleanliness and malfunctioning of the body organs as the cause illness. They also refuse to accept the supernatural forces causing illness. Uneducated people are getting awareness through educated people, doctors in the village and radio.

### **Theoretical Discourse**

The above issues could be further discussed in the light of conceptual and theoretical concepts. Allopathic health facilities have been improved in village with the help of NGOs and Government. Nothing has been done to improve the traditional health care systems neither by the NGOs nor by the Government as both of them work on the agenda provided by the core countries to facilitate their pharmaceutical industry. NGOs work under their financial assistance and Governments under contracts signed against the receipt of grant in aid from those countries. It creates new markets for medicines, medical equipment, and technical assistance.

Improvements in economic conditions, infrastructure, literacy level and mass media have also supported allopathic health care systems. With improved economic conditions the allopathic treatment has become affordable for the natives. It has also become sign of status and prestige for them as they can get expansive treatment from private clinics. Infrastructure including roads and better transport facilities also support the pharmaceutical industry as the people can reach the hospitals and clinics even the cities. Education and mass media have created awareness among the people to change their believe systems which resulted in the growth of pharmaceutical business and on the other hand a setback for faith healers and *hakeems* (traditional healer who treats with herbs) who have been searching for alternatives for their survival. The younger generation hardly believes in faith healers and traditional medical practitioners. The elder generation was conscious about the side-effects of allopathic medicines, even then a shift in their health believes was observed. Side-effects of allopathic medicines are providing permanent clientage to the pharmaceutical industry as you recover from one and gets into another.

Pregnancies were never treated as illness in the village. With the help of elderly women and the traditional birth attendants (TBA) deliveries were conducted at home. Doctors were not involved in it as it was considered as a physiological process. Now as a result of awareness created by the core countries through education and media the pregnancy has become an illness. There is a complete involvement of doctors, allopathic medicines and instruments. The patients are visiting the hospitals and clinics regularly, going through ultrasounds about 6 times during pregnancy. It all generates economic transactions supporting the capitalist's pharmaceutical industry. Natives have been spending huge amounts as compared to the past when they had to pay small amounts to the TBAs. This shift has been putting an end to the traditional occupation.

A change in the perception of illness was observed in the village. Natives defined the illness as inability to work. This perception has been developed in the minds by education and media which clearly reflects the creation of working class. So education and media are motivating the people to use allopathic treatment on one hand and changing the perceptions on the other. People want to keep themselves fit for work and allopathic treatment helps them in this regard. Allopathic mode of treatment being creation of industrialization is paying back to the industry by controlling the labour and keeping work force physically and mentally fit for work.

The above discourse support the world system theory where the theorists have pointed out the intervention of core regions in health care systems of the peripheral countries to create markets for their pharmaceutical products and medical assistance. They also maintain a pool of cheap labor in peripheral countries for capitalist industries. This all is managed through financial assistance to the NGOs and grant in aid to the Governments, media campaigns, and educational institutions.

### **Conclusion**

Man is change oriented by nature. He has always been striving for the richness of human life. Traces of this advancement could be found right from human prehistory. First the Agriculture Revolution and then the Industrial Revolution brought some significant change in man's life. The concept of development changed from enhancement of the richness of human life to the richness of the economy in which a man lives. Economy actually was a part of total development. Considerable progress has been made in human life in the past. Most the people are living healthier and a longer life. They are better educated and have a greater access to consumable products and services.

Since the Industrial Revolution development was treated as an economic phenomenon only with industrialization as its pre-requisite. During last couple of decades the pace of the development has really been increased. Even the economically poor peripheral countries are giving great importance to people's income resources, health and education. The data reveals that this pace of progress has also affected the village which has gone through some major structural changes during recent past. The natives are economically well off which they consider as development. This development has increased their choices. They have a better access to education and health facilities. Their perception about biomedical healthcare has changed which reduced the clientele of the ethnic healthcare systems and increased the people's expenditures on health care.

According to the world system theory, core countries have an interest in growth of the peripheral countries, because such a growth increases demand for the goods produced by the capitalist industry. This, in turn, will promote growth in the core countries. The reverse is also postulated to apply, that is the developing countries can sell more of their products in the industrial countries when the economies in these countries grow. The main point here is that it is not only the peripheral countries that depend upon the core countries, the core countries are in many areas dependent upon the periphery. So interdependence exists, for periphery it is for finished products and for core it is for raw materials and human resource. This interdependence supports the core countries as the consumer products used in peripheral countries become a source of profit and

inexpensive raw material and cheap labour provide them savings. So they are becoming richer and richer at the cost of the peripheral economies.

The world's capitalist economies determine the route for development of the large part of the world's population in their own favour. Industrialization is a precondition for aggregate growth and economic development of backward societies. Distorted production structure in the peripheral countries and their dependence is a result of the dominance of the core countries. The economically backward countries have to pledge considerable resources to set in motion an industrial development process. Technological development brings positive changes all over the world. Some impulsive changes are brought in peripheral or semi-peripheral countries, but the core countries get the most advantage.

In the end the researcher is in full agreement with the views of world system theorists (Doyal, Waitzkin, Elling and Franco-Agudelo) who have been working in the field of biomedical hegemony and political economy of health, following the concept of Wallerstein, Samir Amin, A. G. Frank, Meyer, Arnove and Ramirez). In the light of empirical data world system theory is found valid and accepted.

## References

- Arnove R. F. (1980). Comparative Education and World-Systems: *Comparative Education Review*, Vol. 24, No. 1, 48-62.
- Baer, H. A. (1982). On the Political Economy of Health. *Medical Anthropology Newsletter* 14(1), 1-2, 13-17.
- Baer, H. A. (1986b). Sociological Contributions to the Political Economy of Health: Lessons for Medical Anthropologists. *Medical Anthropology Quarterly*, 17(5), 129-131.
- Berliner, H. S. (1982). Medical Modes of Production. In A. Treacher and P. Wright, (Eds.), *The Problem of Medical Knowledge*. (pp. 162-173). Edinburgh: Edinburgh University Press.
- Brown, E. R. (1979). *Rockefeller Medicine Men*. Berkeley: University of California Press.
- Davison, L. H. (1983). *Malnutrition in Haiti: A World Systems Perspective*. Paper presented at the American Anthropological Association Annual Meeting, Chicago, Illinois.
- DeWalt, B. (1983). *Building a Policy-Relevant Anthropology of Agrarian Systems in Central America and Mexico*. Paper presented at the American Anthropological Association Annual Meeting, Chicago, Illinois.
- Di Bona, J. E. (1977). The Development of Educational Underdevelopment in India. *Asian Profile* 6: 615.
- Doyal, L. (1979). *The Political Economy of Health*. Boston, MA: South End Press.

Doyal, L. & Pennell, I. (1976). Pox Britannica: Health, Medicine and Underdevelopment. *Race and Class* 18, 155-172.

Elling, R. H. (1976). Political Influences on the Methods of Cross-National Socio-Medical Research. In M. Pflanz and E. Schach, (Eds), *Cross-National Socio-Medical Research Concepts, Methods, Practice* (pp. 144-155). Stuttgart: Georg Thieme Publishers.

Elling, R. H. (1977). Industrialization and Occupational Health in Underdeveloped Countries. *Inter-national Journal of Health Services* 7, 209-235.

Elling, R. H. (1978). Medical Systems as Changing Social Systems. *Social Science & Medicine* 12(2B), 107-115.

Elling, R. H. (1981a). The Capitalist World System and International Health. *International Journal of Health Services* 11, 21-51.

Elling, R. H. (1981b). Introduction: Relations between Traditional and Modern Medical Systems. *Social Science & Medicine* 15A, 87-88.

Ferguson, A. (1980). *The Role of Pharmaceuticals in the Process of Medicalization of Latin America*. Paper presented at the American Anthropological Association Annual Meeting, Washington, DC.

Foster, G. M. & Anderson (1978). *"Medical Anthropology"*. New Jersey: John Wiley & Sons.

Franco, A. S. (1983). The Rockefeller Foundation's Antimalarial Program in Latin America: Donating or Dominating?. *International Journal of Health Services* 13(1), 411-427.

Frank, A. G. (1969). *Capitalism and Underdevelopment in Latin America*. New York: Monthly Review Press.

Frank, A. G. (1972). The Development of Underdevelopment. In J. D. Cockcraft, A. G. Frank, and D. L. Johnson, (Eds), *Dependence and Underdevelopment: Latin America's Political Economy*. (pp. 3-17). Garden City, NY: Anchor.

Frankenberg, R., & Leeson, J. (1973). The Sociology of Health Dilemmas in the Post-Colonial World. In E. deKadt & G. Williams, (Eds). *Sociology and Development*. (pp. 255-278). London: Tavistock.

Gish, O. (1979). The Political Economy of Health Care and Health by the People: An Historical Exploration. *Social Science & Medicine*, 13C, 203-211.

Heggenhougen, H. K. (1984). Will Primary Health Care Efforts Be Allowed to Succeed?. *Social Science & Medicine*, 19 (3), 217-224.

Husain, M. (1976). *Education and Culture*. Karachi: National Book Foundation.

Keith, S. (1978). An Historical Overview of the State and Educational Policy in Jamaica. *Latin American Perspectives*, 17, 48.

Kelman, S. (1971). Towards the Political Economy of Medical Care. *Inquiry*, 8(3), 30-38.

Kelman, S. (1975). The Social Nature of the Definition Problem in Health. *International Journal of Health Services*, 5, 625-642.

Lichtman, R. (1971). The Political Economy of Medical Care. In H. P. Dreitzel, (Ed.), *The Social Organization of Health*. (pp. 265-290), New York: Macmillan.

Mohyuddin, A., Chaudhry, H.R. & Ambreen, A. (2013). Apple Economy of Village Zandra in light of World System Theory: Micro Level Analysis in Anthropological Perspective. *Open Journal of Applied Sciences*. Volume 3 No. 1, 39-43

Mohyuddin, A., Chaudhry, H.R. & Ambreen, A. (2012a). Economic Empowerment of Women in the Rural Areas of Balochistan. *Pakistan Journal of Women's Studies: Alam-e-Niswan*. Vol.19, No. 2, 239-257.

Mohyuddin, A., Chaudhry, H.R. & Ambreen, A. (2012b). Kinship System and Social Organization of a Village in Balochistan: World System Analysis at Micro Level in Anthropological Perspective. *Academic Research International* Vol. 03 No.03, 322-335

Mohyuddin, A., Chaudhry, H.R. & Ambreen, A. (2012c). Development in Education Sector in Zandra, Balochistan (Micro Analysis of World System Theory in Anthropological Perspective). *Journal of Humanities and Social Science*, Vol. 4 No. 4, 40-44

Mohyuddin, A., Chaudhry, H.R. & Ambreen, A. (2012d). Perception and Process of Development in Zandra, a Village in Balochistan: World System Analysis at Micro Level in Anthropological Perspective. *Asian Journal of Management Sciences & Education*, Vol. 1 No. 3, 66-79

Mohyuddin, A., Chaudhry, H.R. & Ambreen, A. (2012e). Economic Structure of a Village in Balochistan: World System Analysis at Micro Level in Anthropological Perspective. *International Journal of Economics, Commerce and Research (IJECR)*. Vol.2 No.3, 79-98

Mohyuddin, A., Chaudhry, H.R. & Ambreen, A. (2012f). Contribution of Women in Economic Activities in Rural Balochistan: World System Analysis at Micro Level in Anthropological Perspective. *Academic Research International* Vol. 03 No.02, 548-556

Mohyuddin, A. & Chaudhry, H.R. (2012g). Impact of Technology on Traditional Irrigation System in Balochistan: World System Analysis in Anthropological Perspective. *Asian Journal of Social Sciences and Humanities*, Vol. 1 No. 3, 127-138

Morgan L. M. (1987). Dependency Theory in the Political Economy of Health: An Anthropological Critique. *Medical Anthropology Quarterly, New Series*, Vol. 1, No. 2, 131-154.

Morsy, S. (1979). The Missing Link in Medical Anthropology: The Political Economy of Health. *Reviews in Anthropology*, 6, 349-363.



Nash, J. & Kirsch, M. (1986). Polychlorinated Biphenyls in the Electrical Machinery Industry: An Ethnological Study of Community Action and Corporate Responsibility. *Social Science & Medicine*, 23 (2), 131-138.

Onoge, O. F. (1975). Capitalism and Public Health: A Neglected Theme in the Medical Anthropology of Africa. In S. R. Ingman and A. E. Thomas, (Eds). *Topias and Utopias in Health*. (pp. 219-232). The Hague: Mouton.

Paul, J. A. (1978). Medicine and Imperialism. In J. Ehrenreich, (Ed.), *The Cultural Crisis of Modern Medicine*. (pp. 271-286). New York: Monthly Review Press.

Rodney, W. (1974). *How Europe Underdeveloped Africa*. Washington, DC: Howard University Press.

Rossdale, M. (1965). Health in a Sick Society. *New Left Review*, 34, 82-90.

Singer, M. (1986a). Towards a Political-Economy of Alcoholism: The Missing Link in the Anthropology of Drinking. *Social Science & Medicine*, 23 (2), 113-130.

Tanzania. *Inter-national Journal of Health Services* 7(1), 7-35.

Turshen, M. (1977). The Impact of Colonialism on Health and Health Services in

Waitzkin, H. & Waterman, B. (1974). *The Exploitation of Illness in Capitalist Society*. Indianapolis, IN: Bobbs-Merrill.

Waitzkin, H. (1978). A Marxist View of Medical Care. *Annals of Internal Medicine*, 89, 264-278.

Wallerstein, I. (1974). *The modern world system, vol. I: Capitalist agriculture and the origins of the European world economy in the sixteenth century*. New York: Academic Press.

Wasserstrom, R. (1979). Nestle in Mexico: Hazardous to your Health. In S. Guttmacher, (Ed.) *Imperialism, Dependency, and Health: HMO Packet 6*. (pp. 1-4). New York: Health Marxist Organization, East Coast Discussion Group.

Whiteford, M. B. (1985). The Social Epidemiology of Nutritional Status among Costa Rican Children: A Case Study. *Human Organization* 44(3), 241-250.