

Patient's perception of health values and causes of disease

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Abstract

Health is a social value and is often judged relative to other social values which vary from society to society. At each level of culture in the society the attitude of the patients towards disease and treatment is different and largely governed by the customs, traditions values and pattern of interaction. Even today in the Indian context, the disease and other health problems are guided by religious beliefs, dogmas and practices.

In the present study the patient's perception of the health values and causes of disease have been analyzed. It has been assumed that in traditional society patient's approach towards the health and cause of disease is governed by the irrational and extra medical norms and values. The rational approach to medicine, disease and treatment is often limited among its practitioners and the general masses remain far from its unequivocal acceptance.

Findings showed that among the patients, especially among the rural and low income group patients, the traditional norms and values concerning disease and health are widely accepted and shared. Such patients do believe that disease is more a result of violation of religious and social sanctions and taboos than product of purely bio-physical phenomena. It may be also pointed out that rational norms and practices of modern medicine are not so much accepted by rural and low income group patients while the urban and high income group patients accepted them.

Keywords: health values, disease, religious beliefs, custom, traditional beliefs

1. Introduction

India is a country where the traditional values and norms of the behavior govern every aspect of human life. Traditionally disease and sufferings are considered to the wrath of god, the effect of evil spirit or the product of supernatural forces. (Conrad, P., 2007) [3]. Worship of god, propitiation of evil spirit, irrational deeds and reading of scriptures are often considered to be the panacea of all evils. The rational approach of the modern medicine to these medico-religious people, are often treated as bigotry (Cooper, R., 2002) [4].

According to W H O (1948) [10], health is a state of "complete physical mental and social well-being and not merely the absence of disease and infirmity" (Mead M. 1953) [7]. But generally health is considered to be a social value and is often judged relative to other social values. Some social values regarding the health, vary from society to society. In each level of culture of the society the attitude of the patients towards disease and treatment is different and largely governed by that very particular cultural level i.e. customs, traditions values and pattern of interaction (Reznek, L., 1987) [8]. Even today, in the Indian context the disease and other health problems are guided by religious beliefs, dogmas and practices (Carel, H., 2008.) [5]. The perception of the causes of disease is more a product of socio-cultural milieu than the product of scientific thinking. The cause of disease often imputed to extra medical factors such as wrath of God, non-fulfillment and non-performance of religious deeds rites. Little faith and enthusiasm are shown in the scientific causes of disease. (Boorse, C., 1975.) [1].

In the present study the patient's perception of the health values and courses of disease have been analyzed. It has been

assumed that in traditional society patient's approach towards the health and cause of disease is governed by the irrational and extra medical norms and values. The rational approach to medicine, disease and treatment is often limited among its practitioners and the general masses remain far from its unequivocal acceptance.

2. Material and Method

The present study was conducted on one hundred patients of a medical college in Jhansi city, of the Bundelkhand region of Uttar Pradesh. Patients belonging to medical, surgical, traumatic, E.N.T. and eye constituted the sub population of the universe from which the sample drawn. Patients selected represented the rural urban group, different income levels and different level of literacy. Self-structured interview schedule was used to draw out the information for the study. The data concerning the perception of Health values and causes of disease obtained through the interview of the respondents was analyzed descriptively.

3. Results and Discussion

The patients of the present study were asked to state the causes of disease in general. In the sample, there were 48% respondents who stated that the Artificiality* in every usual items in modern times was responsible to the greater incidence of illness, 17% respondents suggested that the lack of really good doctors had resulted in persistence of diseases. There were 35% respondents who stated that wrath of god and goddesses was responsible for the sufferings and ailments of the people.

Table 1: Residential Background of the Patients and Perception of the Causes of Disease

Perception of the Causes of Disease	Rural	Urban	Total
1. Artificiality* in every unusual items in modern times	21 (42%)	27 (54%)	48 (48%)
2. Lack of really good doctors as agent of care	9 (18%)	8 (16%)	17 (17%)
3. Wrath of god and goddesses	20 (40%)	15 (15%)	35 (35%)
Total	50 (100%)	50 (50%)	100 (100%)

*The word Artificiality denotes here Adulteration, unnatural impurity and exposure to unhygienic condition

The distribution of respondents according to rural urban background (table-1) shows that urban respondents emphasize more the artificiality of consumer articles as the cause of

disease than the rural ones. The wrath of God and Goddesses is a common factor of belief among both rural and urban respondents.

Table 2: Level of the Income of the Patients and Perception of the Causes of Disease

Perception of the Causes of Disease	Low Income	Middle Income	High Income	Total
1. Artificiality* in every unusual items in modern times	26 (57%)	14 (30%)	6 (13%)	46 (46%)
2. Lack of really good doctors as agent of care	5 (11%)	6 (13%)	7 (15%)	18 (18%)
3. Wrath of god and goddesses	21 (46%)	10 (22%)	5 (11%)	36 (36%)
Total	52	30	18	100

The distribution of the responses according to level of income points out (table-2) that the patients of low income level were of the opinion that the wrath of god and goddesses (n=21) was the cause of the disease. They also opined that artificiality in every usual item in modern times was the cause of disease. The respondents of high income level were of the opinion that lack of good doctors as agent of cure was the cause of disease.

To Know the Attitude of the patients towards the cause of disease, they were asked to state the reason responsible for the development of their own disease (table-3). Most of the respondents (33%) emphasizing the personal factors

suggested that they were ill because of their own carelessness. Stressing the economic factors 21% respondents suggested that their poverty was responsible for the development of their disease, 28% of the respondents suggested that they were ill because of divine providence, 8% respondents thought that it was due to their own past bad deeds, 10% respondents thought that it was all due to their physical disturbances. Thus the respondents had emphasized personal, economic as well as religious factors responsible for the development of their disease. It is interesting to note that while most of the patients were pragmatic and realistic in their attitude, other had deep faith in extra medical factors.

Table 3: Level of Income of the Patients and Perception of the Causes of Disease (Residential Background)

Perception of the cause of own disease	Rural	Urban	Total
1. Own carelessness	19 (19%)	14 (14%)	33 (33%)
2. poverty	12 (12%)	9 (9%)	21(21%)
3. God wished it as such	15 (15%)	13 (13%)	28 (28%)
4. Earlier bad deeds	3 (3%)	5 (5%)	8 (8%)
5. Due to physical disturbances	1(1%)	9 (9%)	10(10%)
Total	50	50	100

The distribution of the respondents according to the rural-urban background shows that carelessness is the common factor (both among rural and urban group respondents) as the major cause of the disease. Both of them considered wrath of gods and goddesses as another important cause of their disease. Thus with regard to rural-urban differentiation there is not much significant response variation with regard to the cause of respondent’s disease. Carelessness followed by the wrath of gods and goddesses has been attributed as the major

cause of disease not only by the rural patients but also by the urban patients.

Response distribution according to level of income (table-4) points out that all respondents were of the opinion that wish of god was one of the important causes of their disease. In comparison to high income group respondents, more respondents belonging to low income level and middle income level respondents pointed out that the cause of their disease was carelessness and poverty.

Table 4: Perception of the Cause of Patients’ Own Disease (Level of Income)

Perception of the Cause of own Disease	Low Income	Middle Income	High Income	Total
1 Own Carelessness	18 (18%)	10 (10%)	5 (5%)	33 (33%)
2 Poverty	13 (13%)	7 (7%)	2 (2%)	22 (22%)
3 God Wished It As Such	15 (15%)	8 (8%)	7 (7%)	27 (27%)
4 Earlier Bad Deeds	3.5(3.5%)	2 (2%)	2.5(2.5%)	8 (8%)
5 Due To Physical Disturbances	2 (2%)	5 (5%)	3 (3%)	10 (10%)
Total	53	31	16	100

4. Faith in extra medical help

In the present study the respondents had clearly shown their inclination to seek religious and spiritual blessings for welfare of the patients. There were 66% respondents who stated that patients should go to the religious places such as temple

mosque, church and other places for gaining spiritual favor, 60 % respondents stated that the patients should perform religious deeds such as *Katha, Kirtan, Havan* (sacrifice) and other things for gaining the blessings of god and goddess.

Table 5: Patient’s Faith in Extra Medical Help

S. No.	Statements	Yes	No	Total
1.	One should go to religious places	66 (66%)	34 (34%)	100 (100%)
2.	One should perform religious deeds	60 (60%)	40 (40%)	100 (100%)
3.	One should receive the blessings of spiritual and religious persons	58 (58%)	42 (42%)	100 (100%)
4.	We should use the medicine suggested by spiritual and religious persons	67 (67%)	33 (33%)	100 (100%)

Again 58% respondents (table-5) stated that the patients should receive the blessings of spiritual and religious persons such as *Pandit, Maulvi* or Priests of Church. There were 67% respondents who suggested that the patients should seek the blessings of spiritual and religious persons and also use the medicine or measures suggested by these persons. Thus the majority of the respondents were deeply religious minded and dogmatic in their approach. They are deeply wedded to the medico religious norms of disease and believe that treatment should use the medicine suggested by the religious persons. They high level commitment to such extra medical agencies and unscientific faith.

5. Conclusion

The analysis and interpretation of data of the present study depicted that among the patients, especially among the rural and low income group patients the traditional norms and values concerning disease and health are widely accepted and shared Such patients do believe that disease is more a result of violations and religious and social injunctions and taboos than product of purely bio-physical phenomena. (Whitbeck, C.1981) These patients believe that for the treatment of disease extra medical help should be sought for. Visiting temples or other religious places, performing religious deeds such as *Katha, Kirtan, Dan, Punya* etc. should be accompanied with treatment process. It may be also pointed out that rational norms and practices of modern medicine are not so much accepted by rural and low income group patients. But there is small but significant trend among the urban and high income group patients who accept those rational Health norms.

6. References

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