

SOCIO-CULTURAL PERSPECTIVES ON HEALTH AND ILLNESS

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Abstract :

Introduction: Every society has its own traditional beliefs and practices related to health care. Some practices are effective whereas others may be harmful or ineffective. These beliefs and practices are linked to culture, environment and education. Health workers must have concern for the community's cultural values and beliefs so that they can utilize the harmless practices for effective use as well as eliminate harmful practices. Objectives of the study were to explore the adults perception on health and illness, Identify the health care seeking behavior and to find the relationship between perceptions on health and illness with the study variables.

Method: Explorative cross sectional survey study was conducted among rural adults in the selected villages of Udupi district. The study subjects (75) were interviewed through a questionnaire and selected by purposive sampling

Results: Data shows that majority (52.9%) of them were in the age group of 20-40 years and most (76.6%) of them were females. 52% were illiterate and 73% were lived in nuclear family. 64% of the samples take the decision to seek medical help by themselves. Majority of the samples (85%) perceived that yoga and exercises reduces the health risks. Most of the samples (70%) perceived smoking, alcohol, using unsafe water & food, multiple sex partner, stress, obesity, are the risk factors to cause the diseases.

Conclusion: Present study samples perceived diseases like epilepsy, tuberculosis, leprosy is due to sin of god and past sins. Further studies may require giving awareness program on particular area to remove such false beliefs.

Keywords: Perception on health and illness, health care seeking behavior, perceived health risks.

Introduction :

Every society has its own traditional beliefs and practices related to health care.

Beliefs in supernatural powers, i.e. God, beliefs in holy rituals, salvation, offerings and sacrifices are applied at different stages of life from birth to death.

Background of The Problem:

People have taken pleasure in using traditional beliefs and practices for a long time and got used to it. Thus it can be made easily acceptable something that has been given by the faith healer to the community. Some practices are effective whereas others may be harmful or ineffective. These beliefs and practices

are linked to culture, environment and education. Health workers must have concern for the community's cultural values and beliefs so that they can utilize the harmless practices for effective use as well as eliminate harmful practices¹

All people, whether rural or urban, have their own beliefs and practices concerning health and diseases. Not all customs and beliefs are bad, some are have positive values while other may be harmful. Social and psychosocial factors increase the risk of illness and influence the way that a person defines and reacts to illness. Social variable partly determine how the health care system provides medical care. Cultural background influences entry into the health care system and personal health practices. The ideas of the individuals may be valid and certainly influence their health care behavior. Health professionals must recognize the existence of relativism in regard to modern scientific medicine. Socio cultural differences between families and

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nurses can affect the nurse-patient, family relationship and quality of care delivered. To provide the most effective care the nurse needs to understand the relationship of different needs and the cultural factors that determine the priorities for the family².

Culture refers to the values, beliefs, and behaviors that are shared by members of a society and which provide direction for people as to what is acceptable or unacceptable in given situations. Because even the smallest decisions of a person's everyday life are influenced by culture, quality health care cannot be provided without a consideration of the client's cultural background.

Much research has focused on how persons come to make judgments of their own health status. Many studies suggest that judgments of health and well-being and interpretations of sickness are shaped by factors beyond those traditionally captured by biomedical conceptions of illness. The identification of the exact psychological and social factors responsible for self-assessed health, however, remains elusive. Some have suggested that individuals take into account important social and psychological resources, such as social support, feelings of control, and optimism, when making judgments of their own health—and that these psychosocial resources provide protection against morbidity and mortality³.

Health and illness behaviour studies make clear that the forces affecting health and treatment outcomes transcend medical care and the transactions that takes place between doctor and patient. Studies of health and illness behaviour teach the importance of moving beyond initial complaints and narrow definitions of problems and toward examining the broad context of individuals' lives and the factors that affect social functioning and quality of life. A medical care system responsive to these broad concerns would be better prepared for the impending health care challenges of the new millennium. The literature of lay beliefs suggests that the concepts significantly affect a population's health and illness behaviours, health consciousness and risk perceptions. Therefore, a growing emphasis is now being placed on detecting lay beliefs of health, disease and risks.

Health perceptions and health beliefs vary across the lifespan.⁴

Sociologists have demonstrated that the spread of diseases is heavily influenced by the socioeconomic status of individuals, ethnic traditions or beliefs, and other cultural factors. The prevalence and response to different diseases varies by culture. Sociologists agree that alcohol consumption, smoking, diet, and exercise are important issues, but they also see the importance of analyzing the cultural factors that affect these patterns. Social factors play a significant role in developing health and illness. Herbal treatment is one of the primary medicines used to treat HIV in Africa. The study of hypertension within the United Kingdom has turned to examining the role that beliefs play in its diagnosis and treatment. There were differing reasons for non-compliance that involve the patient's perception and beliefs about the diagnosis. Patients commonly believe that high levels of anxiety when first diagnosed are the major cause and think that when stress levels decline so too will their hypertension⁵. Limited knowledge about DM, based on beliefs about health and illness including biomedical and traditional explanations related to the influence of supernatural forces, e.g. fate, God etc., were found, which affected patients' self-care and care-seeking behaviour⁶.

Statement of The Problem:

An explorative study to assess the socio-cultural perspectives on health and illness among adults of rural areas of Udupi district.

Purpose of The Study:

The present study extends existing research by broadening the focus from examining concepts on health and illness. The aim of the present study is to explore beliefs about health and illness that might affect self-care practice and health-care-seeking behaviour among adults who live in selected villages.

Objectives of The Study:

The objectives of the study were to

1. Explore the perception on health and illness among adults

2. Identify the health care seeking behavior
3. Determine the perceived health risk among adults.
4. Find the association between perceived score on health and illness and selected variables.

Variables:

Key variables – Perception on health and illness, health care seeking behavior, perceived health risks.

Selected variables - Age, gender, religion, type of family, education, occupation, exposure to mass media, income of the family.

Delimitation:

The study is delimited to adults of selected villages of Udupi District

Research Methodology :

A community based explorative cross sectional survey study was carried out in Hirebettu village of Udupi District. A non probability purposive sampling was used to select 75 adults by using structured and validated questionnaire on perception on health & illness, perceived health risks and on health seeking behavior.

The Inclusion criteria a adults who were aged about 25yrs and above, living and working in village area, present at home during the time of study and willing to participate.

Demographic Proforma consisted of age, gender, religion, type of family, education, occupation, exposure to mass media, income of the family. Perceived health and illness tool had 36 items on likert scale and categorized as low perception (<48), average perception (49-96) and high perception (>96). Perceived health risks had 27 risk factors and were categorized as high risk (>54), moderate risk(28-54) and low risks(<27) and health seeking behavior had total 5 items.

Validity of the tools were established by submitting to five experts and there was 100% agreement on all items with minimal correction. Reliability was established by administering the tool to ten adults, reliability coefficient of the tools were computed by using chronbach's alpha and was ($\alpha = 0.82$). Administrative permission was obtained to

collect the data from the concerned authorities. The data was collected after obtaining the written consent from the eligible participants. The data was analyzed using descriptive (frequency and percentage) and inferential statistics. The analysis was done based on objectives and hypothesis by using SPSS package version 16.

Results

Sample characteristics:

Among 75 adults, majority (69.3%) of them were in the age group of 25-40 years and 66.7% of them were females, 90% were belongs to Hindu religion and living in a nuclear family. Majority of the adults received information from the health personnel and from mass media (Table 1). The study showed that majority of them had perceived their health status as average, decision taking by self to seek the medical help and availing the treatment from the private clinics. Most of the adults reported reasons for not seeking help that diseases are not sever enough (70.7%), unable to pay medical expenses (62.7%). Majority of the adults perceived that when they feel sick then only they approach (90%) health care (Table 2). Results shows that 84% of adults have high perception and 16% of adults have average perception on health and illness (Fig 1) and 45% of adults believe that disease are caused by wrath of the god/goddess, 26% of them reported leprosy/TB caused due to their past sins, 48% believed that epilepsy are due to ghost intrusion, 38% had given the report illness can be traced by enemies and 36% adults perceived that diseases are caused by their 'karma' (Table 3). The Mean and Standard Deviation of Perception on health and illness was 104.97 and 12.44 respectively.

The data shows that adults of rural areas, they perceived that smoking, alcohol intake, drug abuse, using unsafe water and food and multiple sex partners were the high risk for the health and illness (Table 4). The Mean and Standard Deviation of perceived health risk was 59.32 and 7.79 respectively. Chi-square was computed to analyze the association between perceived health & illness and selected variables, results shows that there is a no significant association between perception on health and

illness and selected variables. Thus the null hypothesis was accepted on regard to these variables and alternative hypothesis was rejected (Table 5).

Discussion and conclusion :

In the present study 45% of adults believe that disease are caused by wrath of the god/goddess this supports the study findings by Katarina Hjelm, Karin Bard, Per Nyberg and Jan Apelqvist explaining the cause of Diabetes Mellitus (DM) as 'the will of Allah or God'⁷.

The spread of diseases is heavily influenced by the socioeconomic status of individuals, ethnic traditions or beliefs, and other cultural factors. Results shows that

Table 1: Sample Characteristics

Sl.No	Category	f	%
1	Age in years		
	25-40	52	69.3
	41-60	22	29.3
	>60	1	1.3
2	Gender		
	Male	25	33.3
	Female	50	66.7
3	religion		
	Hindu	68	90.7
	Muslim	6	8.0
	Christian	1	1.3
4	Marital status		
	Married	62	82.7
	Unmarried	8	10.7
	Widow	5	6.7
5	Educational status		
	Primary (>5 th std)	22	29.3
	Primary (5 th to 7 th Std)	17	22.7
	secondary	36	48.0
6.	Type of family		
	Nuclear	42	56.0
	Joint	32	32.7
	extended	1	1.3
7	Employment status		
	Agriculturist/tailoring	52	69.3
	House wife/coolie	23	30.7
8	Income of the family per month in rupees		
	≤ 2500	46	61.3
	2501-5000	29	38.7
9	Information received on health and illness		
	Health personnel	65	86.7
	Neighbor/friends	39	52.0
	Family member	51	68.0
	Mass media	58	77.3

adults of rural areas, perceived that smoking, alcohol intake, drug abuse, using unsafe water and food and multiple sex partner were the high risk for the health and illness. 26% of them reported leprosy/TB caused due to their past sins, 48% believed that epilepsy are due to ghost intrusion, 38% had given the report illness can be traced by enemies and 36% adults perceived that diseases are caused by their 'karma'. Cultural and religious distance are essential for understanding self-care practice and care-seeking behaviour, and need to be considered in the planning of care.

Table 2: Health seeking behavior:

Sl.No	Area	f	%
1	Perception of own health		
	Good	30	40.0
	Average	43	57.3
	Poor	02	2.7
2	Decision taking to seek medical help		
	Parents	17	23.6
	self	53	70.0
	siblings	05	6.4
3	During illness where do you take treatment		
	Public centres/hospitals	7	9.3
	Private hospitals	27	36.0
	Nursing homes/clinics	36	48.0
	Home remedies	5	6.7
4	Reason for not seeking health care		
	Feeling that diseases are not severe enough	53	70.7
	Unable to pay medical expenses	47	62.7
	Unreasonable charges in medical institution	24	32.0
	Knowing how to deal with disease themselves	28	37.3
	Having no free time	26	34.7
	Long distance from medical institution	13	17.3
	Complicated medical procedures	25	33.3
	Long queuing and waiting time	32	42.7
Poor services	3	4.0	

Fig 1: Perception score on health and Illness (%)

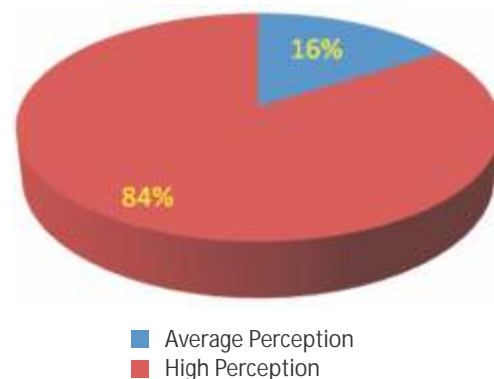


Table 3: Perception on health and illness:

SA: Strongly Agree (4), A: Agree (3) D: Disagree (2), SD: Strongly Disagree (1).

Areas	SA	A	D	SD
Perception on Health:	%	%	%	%
Health is a complete state of physical, mental and social wellbeing	81.3	18.7		
Health is promoting a positive attitude	33.3	35	18.7	1.3
Health is actively seeking out things that make me happy	49.3	44	6.7	
Health is taking charge of and responsibility for, my own life	29.3	56	12	2.7
I believe health is finding ways to resolve any inner conflicts	26.7	54.7	16	2.7
Health is thinking positively and seeing the illness as challenge	28	40	30.7	1.3
I believe health means looking after myself and taking things easy	32	50.7	16	1.3
I believe health means giving up unhealthy habits	45.3	34.7	17.3	2.7
I believe home prepared foods are good for health	81.3	9.3	9.3	
I believe yoga/meditation is good for health	88	10.7	1.3	
I believe exercises reduces the health risk	66	32	1.3	
Perception on illness:				
Illness/diseases are caused by wrath of the god/goddess	16	45.3	29.3	9.3
Veneral diseases are caused due to illicit sexual intercourse	10.7	36	38.7	14.7
HIV/AIDS caused among poor socio economic people	49.3	30.7	14.7	5.3
Leprosy and tuberculosis caused due to their past sins	29.3	26.7	36	8
Children are most susceptible to the effect of 'evil eye'	20	34.7	36	9.3
Childhood diseases are attributed to the anger of god.	40	36	22.7	1.3
Hysteria or epilepsy (fits) are due to ghost intrusion	40	48	10.7	1.3
Illness can be traced by enemies	38.7	36	22.7	2.7
Illness can be prevented by eating certain types of foods.	14.7	45.3	30.7	9.3
Foods such as meat, egg, fish are considered to generate heat	14.7	20	37.3	28
Foods such as curds, milk, vegetables are believed to cool the body.	8	20	21.3	50.7
Fasting leads to nutritional deficiency disorder	17.3	28	33.3	21.3
Alcohol intake causes illness	62.7	29.3	2.7	5.3
Passive smokers more prone to get certain diseases	28	53.3	13.3	5.3
Poor ventilated houses causes diseases.	41.3	40	14.7	4
Some diseases are caused by my 'karma'.	32	30.7	25.3	12
Some diseases are inherited	22.7	52	14.7	10.7
Illness has serious financial consequences	70.7	18.7	9.3	1.3
Some illness strongly affects the way the patient sees himself as a person.	14.7	61.3	21.3	2.7
Illness makes me feel afraid and angry	62.7	29.3	1.3	6.7

Table 4: Perceived health risk

SI No	Risks	Low risk (%)	Moderate risk (%)	High risk (%)
1	Active smoking	2.7	4.0	93.3
2	Passive smoking	9.3	62.7	28.0
3	Alcohol intake	4.0	10.7	85.3
4	Extreme water change	30.7	56.0	13.3
5	Drug abuse	1.3	36.0	62.7
6	Soil and road dust	37.3	45.3	17.3
7	Eating junk foods	21.3	45.3	33.3
8	Vehicle emission	25.3	37.3	37.3
9	Over crowding	14.7	62.7	22.7
10	Garbage burning	38.7	49.3	12.0
11	Odor from garbage	24.0	62.7	10.7
12	Wood as a cooking fuel	58.7	34.7	6.7
13	Industrial emission	1.3	56.0	42.7

Table 4: Perceived health risk (continued)

SI No	Risks	Low risk (%)	Moderate risk (%)	High risk (%)
14	High tension/stress	10.7	52.0	37.3
15	Using unsafe water & food	0	22.7	76.0
16	Open electric wire	37.3	32.0	30.7
17	Multiple sex partner	5.3	36.0	58.7
18	Obesity	17.3	44.0	37.3
19	Improper personal hygiene	12.0	45.3	42.7
20	Noise	42.7	52.0	5.3
21	Poor diet	20.0	64.0	16.0
22	Emotional status	14.7	70.7	14.7
23	Over work	2.7	61.3	36.0
24	Ageing	8	49.3	41.3
25	Immunity	10.7	33.44	44.0
26	Family problem	13.3	52	33.3
27	Hereditary	28.0	46.7	25.0

Table 5: Association between perceived health & illness and selected variables

Sl.No	Category	Average Perception	High Perception	c ²	P value
1	Age in years			2.97	.22
	25-40	6	46		
	41-60	6	16		
	>60	0	1		
2	Gender			1	.63
	Male	4	21		
	Female	8	42		
3	Religion			2.57	.27
	Hindu	12	56		
	Muslim	0	6		
	Christian	0	1		
4	Marital status			2.96	.23
	Married	12	55		
	Unmarried	0	8		
5	Educational status			4.62	.099
	Primary (>5 th std)	7	31		
	Primary (5 th to 7 th Std)	5	20		
	secondary	0	12		
6.	Type of family			.739	.390
	Nuclear	8	34		
	Joint	34	28		
	extended	0	1		
7	Employment status			.763	.519
	Agriculturist/tailoring	6	6		
	House wife/coolie	40	23		
8	Income of the family per month in rupees			.305	.742
	≤ 2500	7	42		
	2501-5000	5	21		

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