

# **V - SICKNESS PRACTICES OF THE RESPONDENTS**

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## CHAPTER V

### Sickness

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#### Sickness

Sickness implies a certain amount of distress and incapacitating symptoms for the individual. Sickness as a biological state involves changes in the physical make-up of all living creatures, human or not. It may exist independent of human knowledge and evaluation.

Medically speaking an individual may be defined as ill when or the manifests certain symptoms and these symptoms are proved positive by laboratory and other tests. The individuals- symptoms must also generally correspond to the disease model that has been logically built up in diagnosis. Illness, as a social state, involves changes in behavior that occur only among humans and that vary with culture and other organized sources of symbolic meaning.

Health and illness have been said to be related to social and cultural values and rituals of a said cultural group. They differ not only in different societies but within the same society itself. The concepts relating to health and illness are constantly changing and need constant redefinition. This is because research ushers in new ideas of health practices and alters notions of illness symptoms by reducing their occurrence.

Several writers have defined illness Folta and Deck have defined illness and health to be relative concepts, determined in part by culture and historical periods and in part by health professionals.

Miner Considers health and illness to be related to social and cultural values existent in society at a said point of time. Similarly Mechanic has analyzed the importance of social and cultural factors, the tolerance level of pain, health education the perceived seriousness of symptoms

Apple and Twaddle have noted the symptoms and the subsequent incapacity of the individual to perform normal role as leading to perception of illness. Zola in his Study observed value orientations of different social classes in calling some symptoms an normal and some as not normal. Zola came to the conclusion that reactions to pain varied in different ethnic groups.

Zborowski's findings revealed cultural differences in relation to illness symptoms as was seen by him in four ethnic groups, namely East European Jews, Italians, Irish and old Americans.

According to Tuoket the realisation of illness is a exprocess. Tuoket adds that the process of recognition, definition and action can be influenced in a powerful way by members of the individual's family or others in a position close to him symptoms can be other as well as self-defined.

According to Parsons illness implies deviance of an individual from the normal social role. The justification for this analogy is that illness like any other form of deviance makes an is individual "violate the social norms within a given social system". According to the functionalist school of thought, the "social system is viewed as closely inter-connected entities, changes and definitions". These definitions or changes made in one part of the system affect all parts of the system closely or remotely.

An individual have to adopt to the pressures and sanctions of the social system. In case be takes to his own individual adaptation without caring for the requirements of the social system, he is termed as a deviant, disorganizing such a social system. Hence deviance has been analyzed as a dissonance of the "stable and objective state not of the individual but of the dynamic social system". According to the functional concept, illness is dysfunctional as it strikes at the very roots of Cohesiveness of the group. The medical profession has been considered as the system which checks the dysfunctional aspects of illness and restores system maintenance.

The concept of sick role as enumerated by Parsons may be summarized under certain headings (1) the sick person is relieved of his normal duties. The severity of patient sickness is directly proportional to the degree of exemptions Legitimization is provided by the society (2) a person is not responsible for patient illness as there is nothing in doctor power to prevent or mitigate the illness (3) the sick person should have the will to get well soon (4) Parsons should seek proper help and cooperate with the physician he were commonly found with the sick people. Parsons called these as "sick role" expectations.

Parsons' "sick role" assumption was not fully accepted. Elder pinpointed the shortcomings of Parsons' study. Parsons' stated that it could not fit into all types of illness Parsons' gave the example of soldiers in wartime feigning illness. This was followed by Dais who stated that mental patients may not follow the sick role. David Mechanic also found variation in age and sex in relation to sick roles. Stoical attitudes were observed by Parsons' in boys and older children as compared to girls and younger children.

Gordon's findings also revealed that the sick role was assumed in serious illness and was considered as less occurring in other cases.

Twaddle and Zborowski also found ethno-cultural differences among different groups studied by them. Briefly twaddle Fay say that this theory has been criticized because of behavioural variation in different types of illness.

It has been stated that Parson theory has certain shortcomings. It does not encompass the illness behaviour of people suffering from different types of diseases Parson theory was applicable only to such serious illness which may be overcome by medical help.

Certain people suffering from chronic illness like heart use do not fit into Parsons Model. So is the case with mental illness, where the patient has to make extra-ordinary efforts to get well. The individuals undergoing preventive treatment will not be able to fit into the "sick role". In this connection, it may be noted that modern medicine is concerned with meting out preventive treatment and increasing the standards of public health.

It has been stated that the Parson theory fails miserably when the patient has behavioral problems such as control of smoking or drinking or when society is faced with air pollution. Also in many cases persuasion has to be made to take treatment.

The other drawback with this theory is that it anticipates middle class orientations of sickness and obliterates low class orientations. In lower socio-economic category there may be 'denial' of the sick role because of the necessity of earning a living.

In conclusion of Parsons "sick role", the researcher may say that it cannot be fully accepted for the simple reason that it does not cover the entire range of sickness behaviour variations. This model may be accepted in two ways (1) as an ideal type (2) expanding the concept to explain for conditions generally common to most illness situations.

Yet another theory explaining sickness behaviour is labelling theory. Howard Becker, in this theory, has explained that what is regarded as illness in one society may be regarded as accepted behaviour in another. The researcher goes on into the medico-sociological context and asserts that diagnosis alters the perspective of the patient and influences his behaviour pattern. The researcher made a study of the Marijuana drug users in American society. The researcher substantiated that deviance is an act defined by society. It is dependent upon societal reaction to certain acts of the individual. It is the society and its laws that label illness as deviance and define treatment.

Lemert carried this concept further and classified illness into deviance of two types. One he stated as the primary deviance or illness symptoms which do not give rise to new roles or to new attitudes. The others is the secondary deviance where illness behaviour is organised into active roles. Here the individual develops motivations to illness. Lipoweki and Freidson are among others who are exponents of the labelling theory. According to them deviance is a relative term. The social group and its norms decide the patterns to be considered as deviant.

This theory has failed to develop a model comparable to Parsons' model. Freidson has developed an "interactional view", In this he has distinguished, that there are three types of sickness models (1) conditional legitimacy where the deviant is exempted from his normal obligations and that he should be provided time to restore himself to normalcy (2) unconditional legitimacy where the deviant is granted exemption from work permanently because of the helplessness of the situation (3) illegitimacy where the deviant is exempted from normal work because of freidson deviance. In case of such an individual freidson is not held responsible for action and does not enjoy any privileges and takes on handicapping obligations. Referring to illness as social deviance a few factors may be summarized. Illness considered in relation to social factors produces a lopsided picture. Illness is caused by biological pathogenesis. Also illness considered as deviance raises another issue that an individual should not become ill o the same analogy as an individual should not commit a crime. freidson has emphasized that the sociological explanation of illness should be integrated with the medical view point.

The two models of illness often referred to are the pathological model and the statistical model of illness. The pathological model is the "medical perspective of illness. This has helped in tackling the problems of diseases. However it has not helped in understanding the chronic illness. This model has over looked the multiple theory of disease and is deeply inclined towards biological explanation of disease. It ignores social and cultural influences.

The statistical model is totally different from the pathological model. It defines disease in terms of an individual's position on an assumed normal distribution, as it is concerned with the 'disease syndromes' which manifest biological symptoms and indications of disease or physical ailments". The emphasis in this orientation is on finding out the etiology of illness or specific causes as related to symptoms.

This model has several limitations in that it initiates research from one angle only overlooking the cumulative effect of many causes in producing develops relative to others in the population being studied". In short the greatest number of persons falling into a group determined by their scores and behaviour are termed as normal. The range of persons falling outside this group on either extremity may be called abnormal".

The shortcoming of this model is that the largest characteristic group is termed normal overlooking other factors. This model may be different in different societies. There cannot be a common model. This model may define and redefine illness without any relation to the physiological, conditions producing disease symptoms.

The above works on illness reveal that illness is the outcome of biological pathogenesis and its definition is conditioned by the social and cultural norms. sickness manifests itself through distressing physiological symptoms. The perception of these symptoms as illness symptoms been confirmed by various laboratory tests and health professionals as well as by the social and cultural definitions in society.

The perception of illness entails a course of action which is necessitated because of the physiological condition of the individual as well as the expectations of the society.

Sickness generally relieves the individual legitimately from its normal functions. The degree of seriousness of sickness is in consonance with the exemption of normal functions owing to illness.

sickness also entails the charge of restoring oneself to health by the efforts of others and more important by the seeking of medical aid. Here the medical profession plays the role of social control agency. As sickness inhibits a person from normal role performance, it has been called deviance. Parsons is the greatest exponent of illness deviance view.

Others in wake have brought several modifications. Initially it has been seen that "illness deviance" and the "Sick Role" may be used commonly to describe most illnesses. But they are not a universal explanation of illness behaviour.

Zborowski, Mechanic, Twaddle and others have seen a varied illness behaviour patterns depending upon class, age and other social and culture factors. It has been said that Parsons theory has middle class orientations.

In this chapter effort has been made to study the sickness behavior in general and the 'sick role' in particular. For this purpose the effort has been made on the following. The opinions on the symptoms of ill health were collected. The course of action resorted to in the face of these symptoms which they termed as ill health was also elicited in each case. Poor health and role performance was also considered. So also was disease and medical care taken into purview.

Initially sickness is perceived by the manifestation of certain physiological symptoms. It is necessary to consider the illness symptoms. Therefore the study analyzed the concept of sickness by a review of the ill health symptoms. These symptoms recognized as ill health become the cues for action.

The symptoms common to most febrile diseases are malaise (a feeling of ill-health) anorexia (loss of appetite) lassitude and headache, hot and cold feelings, chilliness shivering, aching in the back and limbs are the general complaints of most of the infectious diseases. Besides these complaints there may be specific localizing manifestations.

Therefore the researcher have looked into the respondent's opinion on what they consider as poor health symptoms. It has been seen by us as to what are the incapacitating symptoms which may be considered as illness by them.

**Table – 5.1**

**Sickness Symptoms**

<b>Sl.No.</b>	<b>Sickness Symptoms</b>	<b>No. of Respondents</b>	<b>Percentage</b>
1	Body aches, Feeling run out, Cold, Cough and Fever	79	26
2	Stomach pain and Diarrhea	147	49
3	B.P.Diabetes & Chronic illness	53	18
4	Bad Mental condition	21	7
<b>Total</b>		<b>300</b>	<b>100</b>

The details of the above table shows that the maximum percentage of the respondents report stomach pain and diarrhea to be considered as ill health symptoms by the people. Majority of the 49 percentage of the respondents are belong to this category. 7 percentage of the respondents being the minimal percentage of the respondents are of the opinion that bad mental condition is a symptom of poor health. When they were more closely interrogated, they revealed that bad mental condition referred to symptoms related to mental sickness. 26 percentage of the respondents consider body aches, feeling run out, cold, cough and fevers as symptoms indicating illness to them. They have clearly stated that these symptoms make one feel unwell. 18 percentage of the respondents feel that Blood Pressure, diabetes and other forms of chronic illness may be considered symptoms indicating illness. This study clear that the respondent's perception of sickness is influenced by the manifestation of certain symptoms which they consider as poor health. It is clear that the maximum percentage of them consider stomach pain and diarrhoea to be symptoms of illness and a minimal percentage of them consider mental disease to be illness. The respondents were examined to see if they had an problems at family level in

relation to poor health. In other words they were clarifying as to whether they had any disease problems in the family.

**Table 5.2**  
**Sickness Problems in Family**

<b>Sl.No.</b>	<b>sickness Problems in Family</b>	<b>No. of Respondents</b>	<b>Percentage</b>
1	No worth mentioning illnesses in the family	13	4
2	Cold, cough and Fever	79	26
3	Body aches, Tiredness and Feeling Run out	45	15
4	Diarhoea & Stomach disorders	101	35
5	Psychological Ailments	19	6
6	Chronic ailments (T.P.Diabetes)	43	14
<b>Total</b>		<b>300</b>	<b>100</b>

The response of the respondents clear that 35 percentage of the respondents the majority of the respondents affected by diarhoea and stomach disorders as the major illness problems in the family and only 4 percentage of the respondents state that they have no illness problems. 26 percentage of the respondents state that cold, cough and fever is one of the problems of health in their families. 15 percentage of the respondents state that body aches, tiredness and feeling in out is one of the problems of health in their family. According to them they defined it as general weakness. 14 percentage the

respondents state that the chronic problems as their health problems in the family. They mean health problems like Blood Pressure, Diabetes etc. 6 percentage of the respondents state that the psychological ailments are the health problems of their family. From this discussion the researcher observe that the major health problem in the families of the respondents is diarrhea and stomach disorders, whereas a minimal percent have psychological problems. It may also be noted that a small percentage of the respondents state that they have no health problems what so ever.

**Table 5.3**

**Sickness and Remedial Action**

<b>Sl.No.</b>	<b>sickness Problems in Family</b>	<b>No. of Respondents</b>	<b>Percentage</b>
1	Immediately consult a Doctor	158	53
2	Self Medication	77	25
3	Consult doctor of illness persists after 3 to 4 days of self medication	65	22
<b>Total</b>		<b>300</b>	<b>100</b>

It has been stated that in the event of illness expected that the person take some positive action to alleviate the problem. From this study it has been seen that the majority of the 53 percentage of the respondents immediately go to a doctor in case of illness. A minority that is 22 percentage of the respondents state that they initially resort to self-medication and only go to a doctor if illness persists. 25 percentage of the respondents on the other hand say that they resort to self-medication in the event of illness. This they have stated is the immediate action they take in the time of illness. It is observed that the majority of the respondents see the doctor immediately in case of illness and only a

minority go to a doctor, after self medication and if symptoms persists. A considerable percent of the respondents are restoring to harmful practices and exposing themselves to hazards. Therefore it is suggested that the public should be given sufficient knowledge regarding health education. It has been seen that the easy availability of drugs and medicines without doctor's prescription may have made the respondents resort to self-medication.

**Table 5.4**  
**Sickness and Work**

<b>Sl.No.</b>	<b>sickness and work</b>	<b>No. of Respondents</b>	<b>Percentage</b>
1	Stay away from work	274	91
2	Never stay away as far as possible	26	9
<b>Total</b>		<b>300</b>	<b>100</b>

It has been seen that distressing impairment of the individual's normal work. It has been said that an ill person is not expected to work or continue his daily routine until he is normal. The study clear that the majority that is 91percentage of the respondents stay away from normal work when they are ill. Only 9 percentage of the respondents state that they usually do not stay away from work when ill. It is seen that the majority of them exempt themselves from their normal roles whereas a minority do not. Any illness requires physical rest. Therefore it is one of the sanctions in society to consider exemption from work on the basis of sickness. Illness means certain physical disabilities. Hence duration this period the aid of health professionals and others is necessary for restoration. In this study attempts have been made to cover this dimension of illness this is an important factor in any type of illness recovery.

**Table 5.5**

**Sick Care in Family setting**

<b>Sl.No.</b>	<b>Persons charged with sick Care</b>	<b>No. of Respondents</b>	<b>Percentage</b>
1	Women of the household	166	55
2	No one in particular	120	40
3	Servant	14	5
<b>Total</b>		<b>300</b>	<b>100</b>

It is observed that 55percentage of the respondents state that women look after the ill at the family level. They nurse them back to health. Only 5 percentage of the respondents state that servants look after the ill in their families. 40 percentage of the respondents state that the sick look after themselves in their family. Sociological studies reveal that the functions of nurture and nursing of family are left mostly to Women. Therefore this study indicate the reason for 55 percentage of the respondents stating that women such as mothers, elder sisters look after the sick in the family. Concern arises over the 40 percentage, of the respondents who state that the sick are left to fend for themselves. Illness situation calls for good nursing care to ensure normalcy. It has been stated that the sick have to be given adequate care. Therefore the care of the ill must be given more importance at the family level. Most infectious diseases cell for isolation. This is a precautionary Measure to prevent the spread of infection. Besides this, when the individual is ill, patient is not expected to perform his normal roles.

**Table 5.6**

**Sickness and Isolation**

<b>Sl.No.</b>	<b>Isolation</b>	<b>No. of Respondents</b>	<b>Percentage</b>
1	Isolation observed	118	39
2	Isolation not observed	182	61
<b>Total</b>		<b>300</b>	<b>100</b>

It is seen from the above table that 61 percentage of the respondents do not observe isolation whereas 39 percentage of the respondents observe isolation in the case of sickness. It is seen that the majority do not isolate the ill whereas a minority isolate the sick.

**Table 5.7**

**Type of sickness and Isolation**

<b>Sl.No.</b>	<b>Types of sickness</b>	<b>No. of Respondents</b>	<b>Percentage</b>
1	Contagious illness	63	53
2	Any other illness	55	47
<b>Total</b>		<b>118</b>	<b>100</b>

From this table it is seen that 53 percentage of the respondents isolate the ill in contagious illness and 47 percentage of the respondents isolate the ill in ease of any other sickness. Fairly large percentages do not observe isolation. Among observer isolation it is seen that most of them observe isolation only in case of contagious diseases.

The study points out that the most common symptoms of ill health among our respondents are stomach pain and diarrhoea. Only a minimal percentage of them stated that they observe Blood Pressure diabetes and other chronic illness symptoms as indicating illness in the family. It was seen that the majority of our respondents quoted diarrhoea and stomach disorders to be the most common, illness symptoms causing concern in their family. A minimum number of respondents stated that psychological problems cause concern in their family. It is clear that a majority of the respondents go to a doctor immediately in the case of disease. A small percent of them resort to self medication initially, later, if symptoms persist they consult a doctor. It is seen that the majority of the respondents stay away from work when ill. Only an animal percent of them never stay away from work as far as possible. It was seen that care of the sick in the family was left to women of the household mostly. 'Jomen of the household meant mother, elder sisters and others who do not go to work. A very small percent of the respondents stated that the sick in their families were looked after by servants.

This study clear that majority of the respondents do not observe isolation during illness. A very small percent of them observe isolation during the period of illness. By isolation in this study is meant that the ill sleep in a separate room if possible or at least in a separate cot. They also use a separate plate and glass. It was seen that the majority of respondents observed isolation for the contagious types of illness only. But at the same time it may be noted that all the respondents did not observe isolation in sickness

Conclusions in this research work was that ill health meant deviance from normal role. It also showed that most people who are sick take positive action to get better by consulting a doctor. The study also revealed that most people who are sick were under the charge of women members of the household.

Most of the respondents stated that the sick were not isolated in their families. As far as illness deviance perspective is concerned, it is seen that there is a deviance from the normal pattern as far as work is concerned. It shows that attention is sought for restoration of normalcy from others and from medical men.

From the symptoms of sickness revealed by the respondents satisfy the cures for their consultation of a doctor. Also it clear that the conclusion the communicable diseases are still present in the city. The opinion is held that majority of the health problems are associated with lack of protected water supply, and hygienic and sanitation problems. The Government of Tamil Nadu has been implementing a number of programmes to take care of the health care facilities of the people. In order to give effect to the various steps taken by the Tamil Nadu Government to improve the medical care services the Department of Public Health and Family Welfare in the Secretariat, Directorate of Public Health and Preventive Medicine, the Directorate of Medical and Health Care Services, the Directorate of Indian Medicine and Homeopathy and the Directorate of Medical Education in the State Head Quarters, Government Hospitals, Primary Health Centres and Primary Health Sub Centres at the District level have been constituted.

The government providing good water supply, sanitation services, health care services to all the people. But majority of the respondents state that the practicing self-medication is exist in the growing society.

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