ABSTRACT

TOPIC : ATTITUDES OF PATIENTS TOWARDS DISEASES: A STUDY OF URBAN AND RURAL POPULATION OF ALIGARH DISTRICT.

UNIVERSE : Aligarh District comprising Aligarh city and rural areas of Aligarh District.

SAMPLE : 600 patients of which 300 from the Aligarh city and 300 from rural areas.
The present study is a study of Medical Sociology which is a new branch. The present study was launched to achieve the following objectives:

**OBJECTIVES**

1. To assess the attitudes of patients towards diseases.
2. To study the different stages of illness, and patients' attitudes towards these stages.
3. To find out the differences in the attitudes of urban and rural patients.
4. To find out the relationship, if any, between urban and rural patients, and their attitudes towards diseases, in all the five stages.
5. To study the relationship between urban and rural patients, on the basis of sex, education, religion and economic status, and also their attitudes towards the different stages of illness.
6. To study the basic difference in the attitudes of urban and rural patients towards treatment of diseases.

In order to achieve these objectives the following hypothesis and its sub-hypothesis were formulated:
HYPOTHESIS

(1) That the attitudes of patients towards diseases are framed by social environment, i.e., urban and rural, and also by sex, level of education, religion and by the patients' economic conditions.

OR

That the attitudes of patients towards diseases differ from area to area, sex to sex, religion to religion and because of different levels of education and economic statuses.

1(a) Most of the patients, from an urban community, differ in the method of treatment, from the patients of rural areas. The urban patients have different attitudes towards life and diseases, and resort to treatment immediately after they feel some problem.

1(b) The rural patients differ in their attitudes towards life and diseases, and do not go for treatment immediately, but contact the physician at a very critical stage.

1(c) The patients were both male and female; and had different attitudes towards diseases.

1(d) Male patients differ in their attitudes towards diseases on the basis of area, level of education, religion, and economic statuses.
1(e) Most of the females, irrespective of area, religion, education, and economic status, have the same attitudes towards diseases.

1(f) Educated, and uneducated patients, have different types of attitudes towards diseases, but in the matter of treatment, education does play a dominant role.

1(g) Religion too plays an important role in determining the attitudes towards diseases.

1(h) Hindu patients differ from Muslim patients, in their attitudes towards diseases.

1(i) The patients are both from rich and poor classes, and, the rich patients have different attitudes towards diseases in comparison to poor patients.

In order to prove the hypothesis the present study has been divided into 5 stages of illness behaviour viz; Symptom experience, Assumption of the sick-role, Medical-Care-Contact Stage, Dependent-patient role and Recovery and Rehabilitation.

The present study is an empirical study in which the data was collected by the help of the interview schedule which was administered by the researcher himself. The data thus collected was analyzed statistically and various relationships were found out by the help of percentages, ANOVA and Chi-square tests.
It has been found that the patients belonging to urban and rural areas differ significantly from each other in regards to the symptom experience stage, because the results drawn from the ANOVA and Chi-square tests are significant, which testifies to the differences in the attitudes of patients belonging to these two different areas i.e., urban and rural. Apart from this, the patients also differ significantly from each other on the basis of sex, education, religion and economic variables.

Similarly, it has also been found that the patients of urban and rural areas also differ significantly in regards to assumption of the sick-role. As soon as the patients assume the sick-role, it has been noticed that the patients again differ significantly in their behaviour in the two different localities, because the statistical tests applied thereon show positive results. Apart from this, the statistical tests also prove that there is a marked difference in the attitudes of patients towards the assumption of the sick-role on the basis of sex, education, religion and economic status.

The third stage of Medical-Care-Contact is a functional requirement of any social system, because if society is suffering, its redressal is essential for its healthy functioning. Similarly, the patients who become ill try to get rid of the illness by contacting the physicians, or
by taking some other lay-remedies. It has been found that the urban and rural patients have different behaviour and follow different methods of treatment. The statistical analysis by the help of ANOVA and Chi-square tests has proved this. During the course of study it has also been noticed that the patients' behaviour is affected by sex, education, religion, and economic variables. So far as the fourth stage, i.e., the Dependent-patient role is concerned, it has also been confirmed that there is a marked difference in the attitudes of patients of urban and rural areas, which has been testified by the statistical tests. Apart from this, it has also been found that the patients' behaviour is affected by sex, education, religion, and economic variables, as it has been proved by ANOVA and Chi-square tests.

Lastly, the recovery and rehabilitation stage is the stage in which the patients are cured and finally rehabilitated to lead a normal life. In the present study it has been found that the urban and rural patients have different attitudes and behave differently in regards to recovery and rehabilitation as the statistical tests through ANOVA and Chi-square tests have proved. It has also been proved that the patients' behaviour is also influenced by sex, education, religion, and economic conditions, and, the ANOVA and Chi-square tests have proved it too.