INTERVIEW SCHEDULE

(Illness Behaviour and Stress Management A Study of Rural and Urban Women)

1. **Respondent's identification**
   1.1 Name

1.2 **Place of residence**
   1.2.1 Rural
   1.2.1.1 Village ..............................
   1.2.2 Urban
   1.2.2.1 Locality ..............................

1.3 **Age**
   1.3.1 18-44
   1.3.2 44 & above

1.4 **Marital status**
   1.4.1 Married
   1.4.2 Widow/Divorcee
   1.4.3 Unmarried
1.5 **Education**

1.5.1 Illiterate

1.5.2 Primary

1.5.3 Middle

1.5.4 Matric

1.5.5 10+2

1.5.6 Graduate

1.5.7 Post graduate

1.5.8 Professional

1.5.9 Any other

1.6 **Occupation**

1.6.1 Housewife

1.6.2 Lower level

1.6.3 Middle level

1.6.4 Upper level

1.6.5 Any other

1.7 **Income (monthly)**

1.7.1 Not applicable

1.7.2 Less than 5000

1.7.2 5000-10000
1.7.4 10000-20000
1.7.5 20000+

1.8 **Family income (monthly)**
1.8.1 Less than 5000
1.8.2 5000-10000
1.8.3 10000-20000
1.8.4 20000+

1.9 **Caste**
1.9.1 Upper caste
1.9.2 Middle caste
1.9.3 OBC
1.9.4 SC/ST
1.9.5 Any other

1.10 **Religion**
1.10.1 Sikh
1.10.2 Hindu
1.10.3 Muslim
1.10.4 Christian
1.11 **Age at marriage**

1.11.1 Less than 18
1.11.2 18-22
1.11.3 23-27
1.11.4 28+

1.12 **No. of children**

1.12.1 None
1.12.2 1-2
1.12.3 3-4
1.12.4 5+
1.12.5 Not applicable

1.13 **Family type**

1.13.1 Nuclear
1.13.2 Joint

2. **Housing**

2.0.1 Single room with latrine bathroom
2.0.2 Two & more rooms with latrine bathroom
2.0.3 Single room without latrine bathroom
2.0.4 Two and more rooms without latrine bathroom
### 2.1 Household possessions

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1.1</td>
<td>Land ownership (in acres)</td>
</tr>
<tr>
<td>2.1.2</td>
<td>Electricity and water supply</td>
</tr>
<tr>
<td>2.1.3</td>
<td>Radio/TV</td>
</tr>
<tr>
<td>2.1.4</td>
<td>Gas/Bio-gas/Any other</td>
</tr>
<tr>
<td>2.1.5</td>
<td>Refrigerator</td>
</tr>
<tr>
<td>2.1.6</td>
<td>Scooter/Motor cycle</td>
</tr>
<tr>
<td>2.1.7</td>
<td>Car/Jeep</td>
</tr>
<tr>
<td>2.1.8</td>
<td>Tractor/Combine Harvester</td>
</tr>
<tr>
<td>2.1.9</td>
<td>Any other</td>
</tr>
</tbody>
</table>

### 3. Concepts of health and illness

#### 3.1 Whom would you consider a healthy person or what are symptoms of good health? (Give three preferences)

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1.1</td>
<td>Who is free from worries &amp; sorrows</td>
</tr>
<tr>
<td>3.1.2</td>
<td>Free from any disease</td>
</tr>
<tr>
<td>3.1.3</td>
<td>Who is fat</td>
</tr>
<tr>
<td>3.1.4</td>
<td>Who takes extra diet/eats more</td>
</tr>
<tr>
<td>3.1.5</td>
<td>Much energy to work</td>
</tr>
<tr>
<td>3.1.6</td>
<td>Physically fit</td>
</tr>
<tr>
<td>3.1.7</td>
<td>Any other (specify)</td>
</tr>
</tbody>
</table>
3.2 What should a person do to keep one self healthy? (tick as appropriate)

3.2.1 Proper diet
3.2.2 Precautions
3.2.3 Walk/physical exercise
3.2.4 Any other (specify)

3.3 How do you identify the state of illness or symptoms of illness?

3.3.1 Physical discomfort/pain
3.3.2 Fever
3.3.3 Incapability of doing daily routine work
3.3.4 Abnormal state of feeling
3.3.5 Restricted to bed
3.3.6 Any other (specify)

3.4 How is your health at present?

3.4.1 Good
3.4.2 Bad
3.4.3 Incapacitated
3.4.4 Any other (specify)

3.5 What type of illness do you have?
3.6 Since when you are having this problem?
3.6.1 5-30 days
3.6.2 1-6 months
3.6.3 6-12 months
3.6.4 More than one year

3.7 According to you what is the cause of your illness?

3.8 What are the symptoms?

3.9 Did you suffer from any illness in childhood? Yes/No
3.9.1 If yes (specify)

3.10 Did your parents suffer from any particular disease? Yes/No

If yes (specify)
3.10.1 Father ............... 
3.10.2 Mother ...............
3.11  **What do you do when you find yourself ill?**

3.11.1 Go to nearby health center/government hospital

3.11.2 Take home medication

3.11.3 Go to private doctor/hospital

3.11.4 Consult a pandit/faith-healer

3.11.5 Any other (specify)

3.12  **Are you aware of the different medical systems?**

3.12.1 Allopathy

3.12.2 Homeopathy

3.12.3 Ayurvedic

3.12.4 All

3.13  **Usually what kind of treatment do you prefer?**

3.13.1 Allopathy

3.13.2 Ayurvedic

3.13.3 Homeopathy

3.13.4 Home remedies

3.13.5 Any other (specify)

3.14  **If sick when do you go for treatment?**

3.14.1 Immediately

3.14.2 Wait and see the severity of illness
3.14.3 When it starts interfering day to day work
3.14.4 When it incapacitates you
3.14.5 Any other (specify)

3.15 **Is there any special consideration for any system of medicine with regard to age/sex/disease in your family?** Yes/No

3.15.1 If yes (specify) for sons, daughters, husband and others

3.16 **Why do you prefer the particular mode of treatment?**

3.16.1 Easily available
3.16.2 Saves time
3.16.3 Reliable
3.16.4 Saves money
3.16.5 Any other (specify)

3.17 **What do you do if a particular treatment is not effective?**

3.17.1 Change one system for other
3.17.2 Change physician within the same medical system
3.17.3 Loose the courage and pray to God
3.17.4 Take help of an astrologer, faith healer etc.
3.17.5 Any other (specify)
3.18 Have you ever concealed any of your illness? Yes/No

3.18.1 If yes (specify which disease/from whom)

3.19 Do you share/discuss your illnesses with anyone? Yes/No

If yes with whom

3.19.1 Husband

3.19.2 Neighbours/Friends

3.19.3 Female members in the family

3.19.4 All members in the family

3.19.5 Any other

3.19.6 If no, why not

3.20 Do you consult anyone before going in for treatment? Yes/No

If yes with whom

3.20.1 Neighbours/friends

3.20.2 Husband

3.20.3 Mother-in-law

3.20.4 Ex patients having suffered from same problem

3.20.5 Any other (specify)
<table>
<thead>
<tr>
<th>Section</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.21</td>
<td>Who takes the decision to consult a doctor or not and regarding mode of treatment?</td>
</tr>
<tr>
<td>3.21.1</td>
<td>Husband</td>
</tr>
<tr>
<td>3.21.2</td>
<td>On my own</td>
</tr>
<tr>
<td>3.21.3</td>
<td>Mother-in-law</td>
</tr>
<tr>
<td>3.21.4</td>
<td>Any other (specify)</td>
</tr>
<tr>
<td>3.22</td>
<td>Who usually looks after you during illness?</td>
</tr>
<tr>
<td>3.22.1</td>
<td>Husband</td>
</tr>
<tr>
<td>3.22.2</td>
<td>On my own</td>
</tr>
<tr>
<td>3.22.3</td>
<td>Neighbours/Friends</td>
</tr>
<tr>
<td>3.22.4</td>
<td>Any other (specify)</td>
</tr>
<tr>
<td>3.23</td>
<td>Do your friends, relatives neighbours visit you during your illness? Yes/No</td>
</tr>
<tr>
<td>3.23.1</td>
<td>Just to ask whereabouts (social obligation)</td>
</tr>
<tr>
<td>3.23.2</td>
<td>Help in looking after the patient</td>
</tr>
<tr>
<td>3.23.3</td>
<td>Share expenses on treatment</td>
</tr>
<tr>
<td>3.23.4</td>
<td>Any other (specify)</td>
</tr>
<tr>
<td>3.24</td>
<td>Do you hesitate in consulting male doctors? Yes/No</td>
</tr>
</tbody>
</table>
3.25  Do you believe that there are some diseases which are incurable? Yes/No

3.251  If yes (specify)

3.26  Do you believe that faith healers/syanas can cure some diseases? Yes/No

3.26.1  If yes, what diseases

3.27  Have you ever visited these people? Yes/No

3.27.1  If yes, for which disease (specify)

3.28  Do you believe that sometimes evil spirits affect the health of a person? Yes/No

3.28.1  If yes, have you any personal experience?

3.28.2  If yes, what measure do you adopt to ward off the evil spirit.

3.29  What is your most important consideration while taking treatment?

3.29.1  Treatment should be free

3.29.2  Treatment should be less costly

3.29.3  Treatment should be effective

3.29.4  Immediate relief

3.29.5  Any other (specify)
3.30  Do you face any financial problem in taking medical help? Yes/No

If yes, how do you meet financial burden due to illness?

3.30.1 Take help from parents
3.30.2 Help from relatives
3.30.3 Help from friends/Neighbours
3.30.4 Any other

3.31  Do you take any advertised medicine on your own? Yes/No

3.31.1 If yes which medicine, for what purpose & from which source you came to know about it?

(specify)

3.32  Are you satisfied with the health facilities in your village/city? Yes/No

3.32.1 If yes, why?
3.32.2 If no, why not?

3.33  Whose treatment you feel the best?

3.33.1 Private doctor
3.33.2 Government health center/hospital doctor
3.33.3 Both
3.33.4 Any other (specify)
4. **Perception of Illness**

*(Attitude, scepticism of medicine, scepticism of doctor, physical/mental relationship, dependency in illness and stress)*

<table>
<thead>
<tr>
<th>Sr No.</th>
<th>Statements</th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Do you ever think of your illness as a punishment for something you have done wrong in the past?</td>
<td></td>
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<tr>
<td>2.</td>
<td>Do you think that most of women fall ill because they give least importance to their health?</td>
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<td>3.</td>
<td>Do you feel that many women fake their illness in order to get attention?</td>
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<td>4.</td>
<td>Do you believe that women fall more ill as compared to men?</td>
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<tr>
<td>5.</td>
<td>Do you believe that a social stigma is attached to a woman who usually remains ill?</td>
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<td>6.</td>
<td>Do you feel that the drugs prescribed by the doctors are better than home remedies?</td>
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<td>7.</td>
<td>Do you believe that if you follow a doctor's advice, you will have less illness in your life time.</td>
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<td>8.</td>
<td>Do you often doubt some of the things doctors say can do?</td>
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<tr>
<td>9.</td>
<td>Do you believe that doctors can prevent most serious diseases?</td>
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<td></td>
<td>Question</td>
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<tr>
<td>10.</td>
<td>When you go to a doctor, do you believe you should be given the details of what he is doing to you.</td>
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<tr>
<td>11.</td>
<td>Do you believe in trying out different doctors to find who will give you best care?</td>
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<tr>
<td>12.</td>
<td>Do you feel that for any type of illness consulting a physician is must.</td>
<td></td>
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<tr>
<td>13.</td>
<td>When you start getting well, do you find it hard to give up having people do things for you.</td>
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<tr>
<td>14.</td>
<td>Do you dislike to get struck in a bed during illness?</td>
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<tr>
<td>15.</td>
<td>Do you think mental tension is a cause for many physical illness?</td>
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<tr>
<td>16.</td>
<td>Do you think physical illness if not cured results in mental illness?</td>
<td></td>
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<tr>
<td>17.</td>
<td>Does your illness affect the way you get on with your family or friends a great deal?</td>
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<tr>
<td>18.</td>
<td>Does it upset you to talk to the doctor about your illness?</td>
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<tr>
<td>19.</td>
<td>During illness you feel useless and all alone?</td>
<td></td>
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<tr>
<td>20.</td>
<td>You get upset because your illness will put financial burden on the family?</td>
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<tr>
<td>21.</td>
<td>Would all your worries be over if you remain physically healthy?</td>
<td></td>
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<tr>
<td>22.</td>
<td>Are you afraid of illness?</td>
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</tbody>
</table>
23. Do you feel that life is dependent upon medicines these days?

24. Are you afraid of hospitalization?

25. It becomes hard for you to relax when you are ill or during illness.

26. Does your illness interfere with your life a great deal?

27. Do you care whether or not people realize you are ill?

28. Do you think bad health that is the biggest difficulty of life?

29. Do you suffer from insomnia when you fall ill?

30. Do you worry a lot about health?
5. **Stress Management**

*(When you are ill what do you do in order to seek relief from stress)*

<table>
<thead>
<tr>
<th>Sr No.</th>
<th>Statement</th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Do you try to get more and more information regarding illness from radio/television/news paper etc.?</td>
<td></td>
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<tr>
<td>2.</td>
<td>Do you ask the doctor to tell you about the nature and cause of your illness?</td>
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<tr>
<td>3.</td>
<td>Do you try to get information regarding your illness from ex patients?</td>
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<tr>
<td>4.</td>
<td>You do not pay much attention to your illness.</td>
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<tr>
<td>5.</td>
<td>You do not believe that you are suffering from illness.</td>
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<td>6.</td>
<td>You start religious activities like fasting, pooja path, prayer etc.</td>
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<tr>
<td>7.</td>
<td>You consult an astrologer and do accordingly.</td>
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<tr>
<td>8.</td>
<td>You go to a faith healer.</td>
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<tr>
<td>9.</td>
<td>You expect reassurance from doctor, that there is nothing seriously wrong.</td>
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<tr>
<td>10.</td>
<td>You take painkiller or sleeping pills without consulting doctor.</td>
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<tr>
<td>11.</td>
<td>You try to keep yourself busy in hobbies like listening to music, watching movies, etc.</td>
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<tr>
<td>12.</td>
<td>You consult a good doctor.</td>
<td></td>
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<tr>
<td>14.</td>
<td>You start meditation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>You share your illness with friends and family members.</td>
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<tr>
<td>16.</td>
<td>You leave everything upon God and believe that God will help.</td>
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<td></td>
</tr>
<tr>
<td>17.</td>
<td>You take extra care of your diet.</td>
<td></td>
<td></td>
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<tr>
<td>18.</td>
<td>You avoid medical information or medical programmes for obvious symptoms.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>You visit religious places.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>You wear amulet.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>Do you believe that illness is due to past deeds?</td>
<td></td>
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<tr>
<td>22.</td>
<td>Do you curse your fate for your illness?</td>
<td></td>
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<tr>
<td>23.</td>
<td>Do you believe that medicine cannot cure illness as everything in this world is pre-destined.</td>
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<tr>
<td>24.</td>
<td>Do you feel assured when family members look after you during illness?</td>
<td></td>
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</tr>
<tr>
<td>25.</td>
<td>You prefer to stay aloof in your illness.</td>
<td></td>
<td></td>
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<tr>
<td>26.</td>
<td>You share your illness related problems with your friends to get relief from stress.</td>
<td></td>
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</tr>
</tbody>
</table>
Bar diagram showing distribution of the respondents by their type of illness

Types of illness

<table>
<thead>
<tr>
<th>Types of Illness</th>
<th>Percentage of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cold &amp; cough</td>
<td>20.28</td>
</tr>
<tr>
<td>Fever</td>
<td>11.74</td>
</tr>
<tr>
<td>Gynae problem</td>
<td>11.03</td>
</tr>
<tr>
<td>Orthopedic complaints</td>
<td>10.32</td>
</tr>
<tr>
<td>Eye &amp; ENT problems</td>
<td>12.1</td>
</tr>
<tr>
<td>Hypertension</td>
<td>8.9</td>
</tr>
<tr>
<td>Skin problem</td>
<td>5.69</td>
</tr>
<tr>
<td>Heart problem</td>
<td>3.92</td>
</tr>
<tr>
<td>Multiple/other diseases</td>
<td>16.02</td>
</tr>
</tbody>
</table>
Bar diagram showing distribution of the respondents by duration of their illness

Duration of illness

- 5 to 30 days: 24.20%
- One month to one year: 24.55%
- Over one year: 51.25%
Bar diagram showing distribution of the respondents by reason of their illness

Percentage of cases

- Carelessness: 41.48%
- Adulteration: 13.52%
- Tension: 12.10%
- Hereditary: 7.47%
- Bad deeds: 25.62%

Reason of illness
Bar diagram showing distribution of the respondents by their age

Percentage of cases

<table>
<thead>
<tr>
<th>Age</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 to 44</td>
<td>48.00</td>
<td>48.85</td>
</tr>
<tr>
<td>Above 44</td>
<td>51.15</td>
<td>52.00</td>
</tr>
</tbody>
</table>
Bar diagram showing distribution of the respondents by their level of education

<table>
<thead>
<tr>
<th>Level of education</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illiterate</td>
<td>47.33</td>
<td>28.00</td>
</tr>
<tr>
<td>Upto middle</td>
<td>41.07</td>
<td>58.93</td>
</tr>
<tr>
<td>2 Matric &amp; plus Grad.</td>
<td>30.53</td>
<td>30.53</td>
</tr>
<tr>
<td>2 Matric &amp; plus Grad.</td>
<td>28.00</td>
<td>28.00</td>
</tr>
<tr>
<td>Graduation &amp; above</td>
<td>4.58</td>
<td>22.00</td>
</tr>
</tbody>
</table>
Bar diagram showing distribution of the respondents by their occupation

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housewife</td>
<td>68.70</td>
<td>58.00</td>
</tr>
<tr>
<td>Lower level</td>
<td>31.30</td>
<td>24.00</td>
</tr>
<tr>
<td>Middle/upper level</td>
<td>0.00</td>
<td>18.00</td>
</tr>
</tbody>
</table>
Bar diagram showing distribution of the respondents by their income

- Less than Rs 10000: Rural 31.30%, Urban 26.00%
- Rs 10000 & above: Rural 0.00%, Urban 16.00%
- N.A.: Rural 68.70%, Urban 58.00%
Bar diagram showing distribution of the respondents by their family income

- Less than Rs. 10000
  - Rural: 72.52%
  - Urban: 64.00%

- Rs. 10000 & above
  - Rural: 27.48%
  - Urban: 36.00%
Bar diagram showing distribution of the respondents by their religion.
Bar diagram showing distribution of the respondents by their caste

<table>
<thead>
<tr>
<th>Caste</th>
<th>Percentage of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper &amp; middle</td>
<td>35.88</td>
</tr>
<tr>
<td>Lower</td>
<td>64.12</td>
</tr>
<tr>
<td>Not applicable</td>
<td>4.67</td>
</tr>
</tbody>
</table>

Caste: Rural | Urban

Graph shows distribution with bars for rural and urban categories.
Bar diagram showing distribution of the respondents by their type of family

- Nuclear: 52.67% Rural, 58.00% Urban
- Joint: 47.33% Rural, 42.00% Urban
Bar diagram showing distribution of the respondents by their marital status

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>66.41</td>
<td>68.00</td>
</tr>
<tr>
<td>Widow/divorcee</td>
<td>19.85</td>
<td>10.00</td>
</tr>
<tr>
<td>Unmarried</td>
<td>13.74</td>
<td>22.00</td>
</tr>
</tbody>
</table>

Percentage of cases
Bar diagram showing distribution of the respondents by their preference for coping strategies and place of residence.

Place of residence

- Rural
- Urban

- Seeking information
- Direct action
- Denial/avoidance
- Reliance on religion
- Fatalistic
- Social support

Percentage of cases

- Rural:
  - Seeking information: 34.35%
  - Direct action: 52.67%
  - Denial/avoidance: 44.27%
  - Reliance on religion: 86.50%
  - Fatalistic: 80.15%
  - Social support: 58.00%

- Urban:
  - Seeking information: 58.00%
  - Direct action: 64.00%
  - Denial/avoidance: 72.00%
  - Reliance on religion: 38.00%
  - Fatalistic: 56.00%
  - Social support: 70.00%
Notions About Illness and Strategies to Cope with Stress

Pre-submission Seminar for the thesis entitled
“Illness Behaviour and Stress Management:
A Study of Rural and Urban Women in Patiala District”
For the degree of
Ph.D. in Sociology
In the Faculty of Social Sciences

Prof. Malkit Kaur  Prabhjot Kaur
(Supervisor)       (Researcher)

Prof (Retd.) G.S. Bhatnagar
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The concepts of health and illness are relative and culture specific and assume different meanings sometimes even in the same society. Health according to WHO is "a state of complete physical, social and mental well-being and not merely the absence of disease and infirmity". On the other hand, illness is a subjective phenomenon in which individuals perceive themselves as not 'feeling well' and therefore tend to modify their normal behaviour. A distinction can be made between the illness conditions and the possible behavioural consequences of these conditions. The major concern of the medical sociologists is with the behavioural concomitants of illness conditions. Mechanic has labelled this concern as the study of 'illness behaviour'.

Illness is always stressful and can lead to many life difficulties but what is interesting to a behavioural scientist is the tremendous variability in response to the same illness condition as Mechanic has pointed out "while one person will hardly acknowledge a condition and refuse to allow it to alter his life, another with a milder form of the same condition will display profound social and psychological disabilities". One part of the present research is concerned with exploring the influence of stress on illness behaviour. The objective is to find out how various individuals manage their stress. In the present study the term
'stress management' has been operationally defined to refer to the coping strategies adopted by individuals to overcome this stress.

The scenario of health care in India, presents a rather dismal picture. This is all the more glaring in case of women's health. Although women experience many health problems similar to those of men yet there are some problems which are peculiar to them because of the biological factor. Thus the health care needs of women are more complex and varied. However, in a large number of cases, these needs are overlooked and proper attention is not given to the health of women due to a number of social and cultural factors in the Indian society. Although a number of studies exist related to women's health in India, yet there seems to be lack of studies related to women illness-behaviour and management of stress due to illness. An attempt has been made in the present study to fill this research gap.

The objectives of the present study are as follows:

1. To find out differential pattern of rural and urban women's perception of illness.

2. To investigate the pattern of help seeking behaviour followed by the respondents at the time of illness.
3. To find out the awareness and utilization of various modes of treatment among rural and urban women.

4. To explore the determinants for seeking medical care and selecting sources of treatment and what influences their preferences for particular system of medicine.

5. To find out that whether the mode of treatment is changed and the type of change.

6. To explore the extent of stress due to illness among rural and urban women.

7. To analyse the role of relatives, friends and neighbours in coping with the stress of illness.

8. To investigate the coping strategies used for stress management.

The following hypotheses have been put to test in the present study:

(i) The rural women are likely to overlook minor ailments as illness as compared to urban women.

(ii) The perception of illness might be influenced by social-economic factors like age, education, occupation, income and psychological factors like beliefs and attitudes.
(iii) The awareness and utilization of modern medicine is likely to be lesser among rural residents as compared to urban residents.

(iv) The urban women might perceive higher extent of stress due to illness as compared to rural women.

(v) The relatives, friends and neighbours are liable to assist the ill persons in coping with the stress to a higher extent in the rural areas.

(vi) Folk notions about illness and the role of ethnomedicine might vary with place of residence, education and economic status.

(vii) The role of religion and faith healers is likely to be more pronounced in rural areas as compared to urban areas.

The present study was conducted in Patiala district of Punjab and the sample was drawn both from rural and urban areas. The sample from Patiala city was drawn from two types of localities that is those inhabited by people from upper strata and the other inhabited by people from lower strata. For the purpose of drawing rural sample, two villages were selected randomly, keeping in the mind their distance from a town or a city. One village was within 15 kilometers and the other was beyond 15 kilometers from a town or a city, were selected. A stratified random sample was drawn from the voter lists of Patiala city.
and the selected villages keeping in view the age categories of females. The selected respondents were interviewed with the help of an interview schedule. Moreover, observation and case histories were also utilized in order to probe deeper into the research problem.

The major findings of the present study have been summarized as follows:

The socio-economic profile of the respondents indicates that:

(i) The respondents were distributed in almost the same proportion in two age categories of 18-44 years and above 44 years. A higher proportion of the respondents from rural areas were illiterate, whereas a higher proportion of the urban respondents were better educated as compared to the rural respondents.

(ii) A majority of the respondents were housewives but their proportion was higher in rural as compared to urban area. All women engaged in middle/upper level occupations were from urban area only.

(iii) A majority of the respondents did not have an income of their own as they were housewives. All the respondents in the high income category were from urban areas. The respondents were therefore asked to mention their family income. A little more
than two-third of the family were placed in the two income category of less than Rs. 10000 per month.

(iv) A majority of the respondents were the followers of Sikh religion while a little over one-third of the respondents belong to Hindu religion. Very few respondents were Muslims.

(v) A little more than half of the respondents were from lower caste groups and the remaining from upper/middle castes.

The major findings regarding socio-economic correlates of illness-behaviour have been summarised below:

(i) Almost half of the respondents were ill for a period of over one year. The diseases mentioned were: tuberculosis, diabetes, hypertension, asthma, muscular, migraine and multiple diseases.

(ii) A higher proportion of the respondents attributed their illness to carelessness on their part. About one-fourth of the respondents believed that their illness was due to bad deeds and wrath of god or goddesses.

(iii) About half of the respondents considered 'no disease' as an indicator of good health. A sizeable proportion of the respondents also mentioned 'no worries' and 'physical fitness' as indicators of good health. A higher proportion of the urban, better
educated, younger and economically well-off respondents considered 'no worries' as the indicator of good health.

(iv) A majority of the respondents considered 'incapability of doing daily routine work' as a symptom of illness. A higher proportion of rural, economically weaker and respondents belonging to lower castes considered 'incapability of doing daily routine work' as the most important symptom of illness.

(v) A large majority of the respondents (more than half of them) were aware of all the three major systems of medicine. A higher proportion of urban, better educated, economically well-off and belonging to upper/middle castes were aware of all the systems of medicine.

(vi) A higher proportion of urban respondents availed of government hospital facilities as compared to the rural respondents, most of whom depended upon home remedies. A higher proportion of illiterate and economically weaker respondents resorted to home remedies.

(vii) A majority of the respondents (about three-fourth) both from rural and urban areas preferred allopathy for their treatment. Most of
the respondents mentioned easy availability of allopathic treatment as the reason for their preference.

(viii) The respondents were asked about the steps they take in case the treatment is ineffective. A high proportion of the respondents mentioned that they changed the doctor. However, a considerable proportion of the rural respondents resorted to faith healing or prayers in such a situation.

(ix) The pattern of consultation in case of illness indicates that a majority of the respondents consulted their family members. A considerable proportion of the rural respondents consulted their neighbours prior to taking treatment.

(x) A majority of the respondents shared their illness with their husbands. However, their proportion was much higher in case of urban areas as compared to the rural areas. A considerable proportion of the rural respondents shared their illness with the female members in the family.

(xi) The respondents were asked to mention about the persons who were responsible for taking decisions in case of their illness. A majority of the respondents mentioned that their husbands were responsible for such decisions. A higher proportion of the rural
respondents mentioned that their mothers-in-law take decisions as compared to the urban respondents.

(xii) The respondents were asked about the visit of relatives/friends during their illness. A majority of the respondents reported that their relatives visit them during their illness. However, three-fourth of them mentioned that the relatives/friends visited them only as a social obligation. A higher proportion of the rural respondents mentioned that relatives/friends looked after them during illness.

(xiii) For the purpose of taking treatment, the reason mentioned by a high proportion of the respondents was the 'effectiveness' of the treatment. A higher proportion of the rural, less educated and economically, weaker respondents mentioned that 'free treatment' is their major consideration while taking treatment.

The major findings regarding the socio-psychological correlates of illness behaviour have been summarised below:

(i) A majority of the respondents had traditional attitudes regarding perception of illness. The proportion of the respondents having traditional attitudes was higher among older, less-educated,
(ii) About two-third of the respondents were not skeptic about modern medicine. A higher proportion of older, less educated, economically weaker and those belonging to lower castes were skeptic about modern medicine.

(iii) A majority of the respondents were also not skeptic about the physicians. However, a higher proportion of older, less educated, economically weaker and belonging to lower castes were skeptic about the physician.

(iv) The respondents were asked to mention whether they perceived any relationship between body and mind in order to define illness. The data indicates that about two-third of the respondents perceived such relationship. However, a higher proportion of younger, better educated, economically well-off and those belonging to upper/middle castes perceived such relationship.

(v) A little more than half of the respondents had a feeling of dependency in illness. However, the attitude of dependency did
not have a significant relationship with the independent variables like: age, education, occupation and income.

(vi) The data regarding the extent of stress indicates that a little more than half of the respondents had a high level of stress. The level of stress was higher among urban, better educated, economically well off and those residing in nuclear families.

The main findings about stress management have been summarised in the following paragraphs.

The management of stress by the respondents has been analysed with reference to the six coping strategies adopted by them that is - seeking information; direct action/problem solving; denial/avoidance; reliance on religion; social support and fatalistic acceptance. The distribution of respondents in accordance with these coping strategies and their relationship with independent variables are as follows:

(i) A higher proportion of the urban, younger, better educated and economically well-off respondents gave more preference to 'seeking information' strategy.
(ii) A higher proportion of urban, better educated and economically well-off and respondents from upper/middle castes gave higher preference to direct action/problem solving strategy.

(iii) A higher proportion of older, less educated and economically weaker respondents gave more preference to denial/avoidance coping strategy.

(iv) A higher proportion of rural, less educated and economically weaker respondents gave more preference to 'reliance on religion' as a coping strategy.

(v) A higher proportion of less educated and economically weaker respondents gave higher preference to social support as a coping strategy.

(vi) A higher proportion of rural, older, less educated and economically weaker respondents gave more preference to fatalistic acceptance as a coping strategy.

An attempt has also been made in the present study to find out the folk notions about illness and the role of ethnomedicine. The major findings in this context have been summarized below:

(i) A majority of the respondents had a belief in evil spirits. The proportion of respondents holding such beliefs was higher
among the less educated, economically weaker and those belonging to lower castes.

(ii) A little more than one-third of the respondents mentioned that they visit faith-healers in case of illness. A higher proportion of rural, less educated, poorer and those belonging to lower castes visited the faith-healers.

(iii) Based on field observations and informal interviews, it was revealed that a considerable proportion of people both from rural and urban areas visit many sacred places and shrines for the treatment of their illness. A sizeable number of rural people also go to quacks for getting treatment.

(iv) In urban areas a considerable proportion of people visit the astrologers and ask them for some remedies to cure illness like wearing stones, or performing religious rituals. Many of them also resort to prayers and other religious activities like fasting, path of sukhmani sahib, jagra and sukh sukhna. Moreover, the lower strata also believes in practices like tuna, wearing taviz and thread.

(v) In the rural areas the visit to shrines and syanas is quite common. There is a wide spread belief that such visits can cure
them quite effectively. However, such beliefs are prevalent to a greater extent among the less educated and economically weaker strata of the rural population.

Based on the findings of the present study enumerated above the following conclusions can be drawn. The data clearly indicates a differential pattern of perception of illness among rural and urban women. The findings confirm the hypothesis that rural women overlook minor ailments as illness as compared to the urban women.

The analysis of data has revealed that the perception of illness and help seeking behaviour is significantly influenced by socio-economic factors like age, education, occupation and income. These aspects are also significantly related to psychological factors like beliefs and attitudes. Thus the hypothesis regarding the role of socio-economic and socio-psychological factors in illness-behaviour has been corroborated by the findings of the present study.

The findings about awareness and utilization of modern medicine have revealed that the urban, well educated, economically well-off and belonging to upper/middle castes are more aware of all systems of medicine and utilize modern systems of medicine to a greater extent. Thus the hypothesis in this context has been confirmed by the findings
of the present study. These findings are inconformity with some other studies like Gould (1957), Bhatia et al (1975), Bhardwaj (1975).

The data regarding the extent of stress reveals that it is higher among urban women as compared to the rural women. The level of stress has also been found higher among better educated, economically well-off and those respondents residing in the nuclear families.

The hypothesis regarding the greater role of social support as a strategy for coping with stress in rural areas has not been substantiated by the findings of the present study. No significant difference has been found in rural and urban areas in this context.

The findings regarding folk notions about illness have shown that they vary according to place of residence, education and economic status. They are prevalent to a greater extent in the rural areas and among less educated and economically weaker sections of the society. Thus the hypothesis in this context has been confirmed by the findings of the present study. Similar findings have been reported by a study conducted by Jaggi (1981). The findings of the present study have also indicated an important role of faith-healers in curing diseases both in rural and urban areas. However, the role of faith-healers is more
pronounced in rural areas as compared to the urban areas. The hypothesis in this context, therefore, has been substantiated by the present study.