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Health Issues In Rural Area: A Sociological Study

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Abstract: Health issues in India. can be examined in various, terms, indicators as social, mental, physical, cultural, geographical, economical and personal. Health is an important factor that contributes to human wellbeing. Presently everybody in India face multitude of health problems. The study focuses on Health issues in rural area the study is conducted in Dabathuwa village. The purpose of the study is to understand socio economic profile of the sick persons, to understand about health issues in rural area and to find out family duration of social relation in community and Illness Behavior & Wellbeing interview collected by the method Data schedule. Results revealed that people are close to each other. They know about each other. various types of health issues in rural area like headache, Blood pressure, joint pain, viral fever, cough, cancer, heart diseases, depression, diabetes, anemia, vitiligo, piles, autoimmune diseases, allergy, TV, etc.

Key Words: : Health, Joint pain, wellbeing, viral fever, anemia, depression, autoimmune disease, vitiligo, piles.

Throughout history human beings have been interested in and deeply concerned with the effects of the social environment on the health of individual and the groups to which they belong. Today it is clear that social factors play a critically important role in health, as the greatest threats to the health and wellbeing of individuals stem largely from unhealthy life style and high-risk behavior (Cockerham, 1998:15). Social and economic factors are by now generally quoted as highly important in the multiply causation of disease (Hasan, 1979).

Health refers to a bodily or mental state that is deemed undesirable, consequently intervention to remedy that condition can be justified. A field of sociology concerned with the social dimension of health & illness covers mainly three areas: namely as the conceptualization of health & illness, the study of their measurement and social distribution and the explanation of patterns of health and illness. Clarification of the concepts of health & illness is the starting point of sociological discussion in the field with emphasis given to the cultural variability of the boundaries of health & illness (Marshall, 1997:270-271.) The medical view of illness is that of deviance from a biological norm of health and feeling of well-being, while illness behavior is the activity undertaken by a person who feels ill for the purpose of defining that illness and seeking relief from it. Illness is defined as a result of a disease/sickness. Illness is a disvalued process; a deviant social behavior through disease, and dysfunctional because it threatens to interface with the stability of social system (Cockerham, 1998).

In the preamble to the constitution of the World Health Organization (W.H.O.). Health is described as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity," Further health is described as an ideal state rarely attained by most people, and it contains no ingredients that can be readily measured or counted, either at the individual or the population level. Health is a resource for everyday life, not the objective of living: it is a positive concept, emphasizing social and personal resources as well as physical capabilities (Sunder, 2007).

Statement of the Problem- In the light of above-mentioned framework following questions will be studied-

1. To find out socio economic profile of the respondent.
2. To understand health issues in rural area.
3. To find out the family, community and social relation in the duration of illness behavior & wellbeing?

OVERVIEW OF LITERATURE: Medical Sociology- As an academic discipline, sociology is concerned with the social causes and consequences of human behavior, thus, it follows that medical sociology is concerned with the social causes and consequences of health and illness. Medical sociology brings sociological perspectives, theories and methods of the study of health and medical practices. Major areas of investigation include the social facts of health and illness, characterized as applied research and analysis primarily motivated by a medical problem rather than a sociological problem. Sociology in medicine usually works in medical school, nursing school, public health schools, teaching hospitals, public health agencies and other health organizations. They may also work for a governmental agency in the capacity of Bio-statisticians, health planners, administrators and advisors (Cockerham, 1978:3-4).

Health- Health is a term often eludes a comprehensive universal definition and is probably better re-presented by a service of definitions each relevant to a particular political and social context.

(1) Definition: "A state of complete physical, mental and social well-being, not merely the absence of disease/infirmity or



injury"(WHO, 1946).

(2) "Health is absence of illness."

(3) "The nearest approach to health is a physical and mental state fairly free to discomfort and pain, which permits the person concerned to functions as effectively and as long as possible in the environment where chance/choice has placed him" (Dubas, 1978). "Health is a social and political issue and above all a fundamental human right" (People's charter for health, 2000).

Illness Behavior - "Illness is a disvalued process that impairs the functioning or appearance of a human person and may ultimately head to health." (Cockerham,1978:87). According to functionalist theory, "Illness is, dysfunctional because it threatens to interfere with the stability of social system." The medical profession functions to offset the dysfunctional aspects of illness by both curing and preventing disease and by establishing patterns of relationship by which handicapped (Ibid).

On the basis of above discussion, we can say that illness is a disvalued process, a deviant social behavior through disease and dysfunctional because it threatens to interfere with the stability of social system. Illness is availability of treatment resources physical proximity, psychological and monetary costs of tacking actions.

Illness Behavior & Wellbeing as a Social Problem- The emergence of the concept of illness behavior once the economic barrier to health care had been removed with the setting up of the National Health Service, it was assumed that all those in need of medical care would consult their doctor or other appropriate medical services (Morgan, 1984:76-77). Illness behavior and help-seeking behavior emerged out of concern expressed about the results from several health surveys. These surveys showed the prevalence of ill health was high throughout the community, with the existence of sing and symptoms of ill health throughout the general population being the norm (Ibid). Williamson et al. (1964) carried out a clinical and psychiatric examination of 200 people aged 65 or over. They found a large minority of serious complaints which were not known to the doctor. For example-"a quarter of the respondents with chronic bronchitis and a third of the respondents with heart disease were unknown to the doctor" (Mechanic, 1968: 76-78).

AREA OF STUDY - The present study will be conduct at Dabathuwa village. The village is situated Sardhana Road in North-East from Sarurpur block and tehsil Sardhana. The distance of this village 12 Km. far from district Head Quarter Meerut. This village's situated midway from Sardhana & Meerut, total population of this village is 7848 according to censuses 2011. There are all facilities available like Education, Occupation, Medical, Transportation, Communication, Marketing and other facilities in this village.

METHODOLOGY - The data for the present study have been collected from 100 respondents for the required fulfillment of the information. The data have been collected through interview schedule/guide. The respondents selected by using the purposive random sampling. Data have been classified with the help of simple statistical & by various tables.

Results and Discussion-

1. To find out socio economic profile of the respondent :

TABLE-1

S/No.	Socio economic profile of sick persons	No. of Respondent	Percentage%
1	Age Group of sick persons		
	21-30	16	16%
	31-40	19	19%
	41-50	23	23%
	51-60	22	22%
	61+	20	20%
	Total	100	100%
2	Sex of the sick persons		
	Male	39	39%
	Female	61	61%
	Total	100	100%
3	Education of the sick persons		
	Nil-05	23	23%
	06-08	08	08%
	09-12	53	53%
	UG-PG	16	16%
	Total	100	100%
4	Marital Status of the sick persons		
	Married	81	81%
	Unmarried	06	06%
	Widow	12	12%
	Total	100	100%
5	Family type of the sick persons		
	Joint	61	61%
	Nuclear	39	39%
	Total	100	100%
6	Family size of the sick persons		
	2-4	37	37%
	5-7	57	57%
	8+	06	06%
	Total	100	100%
7	Family Income of the sick persons in thousand		
	0-10	06	06%
	11-20	14	14%
	21-30	28	28%



The above table shows that 23% of the sick persons belongs to 40-50 age group, 61% of female, 80% of respondent belongs to general category, 100% of the respondents are Hindu, 53% respondents are high to intermediate educated 81% joint family, 57% sick persons family size 5-7 persons, 28 family has 21-30 thousand income per month.

2. To Understand about Health Problems/Issues/Diseases in Rural Area is shown in the following Tables :

TABLE-2
Health Issues in Rural Area :

S/No.	Issues/Diseases	No. of Respondents	Percentage%
1	Allergy	04	04%
2	Anemia	01	01%
3	Autoimmune Diseases	02	02%
4	Back pain/Joint pain	32	32%
5	Blood Pressure	08	08%
6	Cancer	08	08%
7	Cough	01	01%
8	Depression	04	04%
9	Diabetes	02	02%
10	Fever	03	03%
11	Heart Diseases	08	08%
12	Headache	10	10%
13	Piles	04	04%
14	Tuberculosis (TB)	03	03%
15	Thyroid	02	02%
16	Sugar	03	03%
17	Vitiligo (white spot)	03	03%
18	Harpies	02	02%
	Total	100	100%

The results of the above table reveals that the large no. (32%) of the Back Pain & Joint Pain respondents and a smallest no. (01%) Anemia respondents.

To find out family & community behavior with the respondent duration of illness behavior & wellbeing.

TABLE-3
Social Relations in Community Duration of Illness & Wellbeing :

S/No.	Behavior of families and Communities with the Respondent	No. of Respondents	Percentage %
1	Good	46	46%
2	Not Good	25	25%
3	Helpful	29	29%
	Total	100	100%

The results of the above table reveals that the large no. (46%) of the Good Behavior of the Families and Communities with the Respondent and the smallest no. (25%) of the Not Good Behavior of the Families and Communities with the Respondent.

Findings- Socio-economic profile of the sick persons :

1. The study reveals that 23% of the sick persons belongs to 41-50 age group.
2. 61% of the sick persons are female.
3. 80% of the sick persons belongs to general category.
4. 100% of the the sick persons are Hindu.
5. 53% of the sick persons are 9th to 12th educated.
6. 81% of the sick persons belongs to joint family.
7. 57% of the sick persons family size 5-7 persons.
8. 28% family has 21-30 thousand income per month.

Health Issues Findings- The results shows that the large no. (32%) of the Back Pain & Joint Pain respondents and a smallest no. (01%) Anemia respondents.

Social Relations in Community Duration of Illness & Wellbeing- The results shows that the large no. (46%) of the Good Behavior of the Families and Communities with the Respondent and the smallest no. (25%) of the Not Good Behavior



of the Families and Communities with the Respondent.

CONCLUSION- The study concludes that there is more Health Issues in the Rural Area. Illness behaviors in rural setting. This review is divided into three sections. First, basic terms are defined, socio-economic profile of the sick persons. Second, syndromes characterized by illness behavior are described, including somatization, health issues in rural area. Third, methods for detecting deception are social relations in community duration of illness & wellbeing. Results revealed that people are close to each other. They know about each other. various types of health issues in rural area like headache, Blood pressure, joint pain, viral fever, cough, cancer, heart diseases, depression, diabetes, anemia, vitiligo (white spot), piles, autoimmune diseases, allergy, tuberculosis (TB), herpes, etc. In the end study can say that the, rural area people are connected, caring, and helpful to each other in the time period of illness so we can say that rural people are connected and good to take care.

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