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Illness Behaviour and Wellbeing

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Abstract

Everyone's life is essential in terms of their health. Everyone in India today deals with a variety of health issues. The study is concerned with how sickness affects behaviour and wellbeing. There are many different markers of health in India, including social, economic, political, psychological, and physical health. Health is more than just the absence of sickness and disability; it is a state of whole physical, mental, and social wellbeing. The paper's objective is to learn more about societal wellbeing and sickness behaviour. The definitions of health, disease, illness behaviour, wellbeing, and illness behaviour and wellbeing are covered in this essay. to gain knowledge of societal wellbeing and sickness behaviour. The rights of everyone to social and physical justice. Discusses political compromises or public health values. Discusses how diseases affect the sick person, their family, and the community. How transdisciplinary thinking inspires us to reconsider social pathways to health and illness. Secondary data provide the foundation of this investigation. In different communities, health is defined. How well-off people perceive the sick. According to Indian philosophy, the universe is made up of the same five basic components that make up the human body: earth, water, fire, air, and the ethereal portion of the sky. However, in a human body, life depends not only on these five physical elements but also on the presence of the mind and soul as well as healthy sense organs.

Keywords: Health, illness behaviour, wellbeing and society

Introduction

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 behaviour (Cockerham, 1998:15) [3]. Social and economic factors are by now generally quoted as highly important in the multiply causation of disease (Hasan, 1979) [4].

Sharma, Shivalika and Gayatri Raina (2017) take note on subjective wellbeing, life satisfaction and coping behaviour among male and female bureaucrats in Himachal Pradesh, based on comparative study suggest that female bureaucrats were significantly happier and satisfied with their lives as compared to male bureaucrats.

Bhosale, Shushma and Aleena Slezackova (2017) [1] take note on depression and life style of working women across various organizations in the term of to explore the life style patterns and their relationship with depuration among working woman of various organization and sub that the level of economic status followed by education and social support are the prime factors contributing to depression in working woman.

The health behaviour is the study of behaviour intended to promote positive health and to prevent disease or illness while

illness and sick role behaviour is the study of the ways that people perceive, interpret and act in response to illness (Weiss, 2000:5) [17]. Illness behaviour in contrast to health behaviour, is the activity undertaken by a person who falls ill for the purpose of defining that illness and seeking relief from it. Some people recognize particular physical symptoms such as pain, a high fever and seek out a physician for treatment others with similar symptoms may attempt self-medications of dismiss the symptoms as not needing attention (Cockerham, 98).

There are many studies on different aspects of health but there is no study on illness behaviour in rural setting. So, there is need to conduct to such type of study which based on illness behaviour in rural setting.

Objectives

- i). To know about illness behaviour and wellbeing in society.
- ii). Discusses that the human right to health and social justice.
- iii). Discusses that public health principles or political compromises.
- iv). Discusses the burden of diseases on sick person, family and community.
- v). How trans disciplinaryity leads us to Rethink Social Pathways to Illness, and wellbeing.

Overview of Literature

Medical Sociology

As an academic discipline, sociology is concerned with the social causes and consequences of human behaviour, 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 (Cockerham, 1997:01).

Health

- i). "The condition of being sound in body, mind or spirit, especially freedom from physical disease or pain" (Webster Dictionary).
- ii). "Health is the soundness of body or mind: that condition in which its functions are duly and efficiently discharged" (Oxford English Dictionary).
- iii). Dubos R. State of that Health is "a modus vivendi enabling imperfect men to achieve a rewarding and not too painful existence while they cope with an imperfect word.

"The most recognized definition of the expression "Health" is that given by the World Health Organization (1948) in the Preamble to its constitution, which reads as follows:-

- iv). "Health is a state of complete physical, mental and social wellbeing and not merely an absence of disease or infirmity" (WHO, 1946).

The above definition has been expanded to include the ability to lead a socially and economically productive life.

Illness Behaviour

"Illness is a disvalued process that impairs the functioning or appearance of a human person and may ultimately head to health." This reflects a concern with as a member of human groups a certainly not limited to the body of a person. The components of an individual's (e.g. Blood, Body, Social, Spirit, Shadow, Name) are defined differently from one culture to the next (Cockerham, 1978:87). The term "illness" is used in two ways by analysts who study issues concerning health and illness. It can refer to a limited scientific concept or to any condition that causes or might usefully cause an individual to concern himself with his symptoms and to seek help. The term "illness behaviour" refers to any behaviour relevant to the second, more general, interpretation. If we are to understand the process of illness, it becomes necessary to consider what goes on even before a person sees a doctor or some other health worker. Each society' definition of illness becomes institutionalized within its cultural patterns, so that one measure of social development is a culture's conception of illness. In primitive societies illness was defined, as an autonomous force or 'being', such as an evil spirit which attacked peoples and settled within their bodies in order to cause them pain or death, middle age, illness came to be defined as a punishment for sins and care of the was regarded as religious charity. Today "illness is defined as a state/condition of suffering as the result of a disease/sickness" based upon the modern scientific views that an illness is an abnormal biological afflictions or mental disorder with a cause, a characteristic train of symptoms, and a method of treatment. The medical view of illness is that of deviance from a biological norm of health and feelings of wellbeing. A person is defined as ill when her symptoms, complaints, or the results

of a physical examination and or laboratory tests indicate an abnormality (Cockerham, 1978:87-88).

The Traditional Identifying Criteria of Disease are

- a) The patient's experience of subjective feeling of sickness.
- b) The finding by the physician the body.
- c) The patient's symptoms hopefully confirming to recognizable clinical patterns (Ibid).

The physician's function in the treatment of illness evolves, first, arriving at a diagnosis and second applying remedial action to the health disorder in such a way as to return the human organism to as normal a state as possible. The evolution of illness by the physician contains the medical definition of what is good, describe, and normal as opposed to what is bad, undesirable, and abnormal (Ibid: 89-90).

On the basis of above discussion, we can say that illness is a disvalued process, a deviant social behaviour 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.

Wellbeing

Well-being, wellbeing, welfare or wellness is a general term for the condition of an individual or group, for example their social, economic, psychological, spiritual or medical state; a high level of well-being means in some sense the individual or group's condition is positive, while low well-being is associated with negative happenings. In philosophy the term 'well-being' (and 'welfare', 'utility' etc.) is used to refer to how well a person's life goes for the person who lives it. Philosophers such as Fred Feldman and Brad Hooker have suggested that we think of well-being through thinking about what parents want for their children (the crib test). Philosophical study of well-being has identified a number of different kinds of theory. These include: hedonism, desire-fulfilment theory, objective list theory, perfectionism, and some 'mixed' or "hybrid" views of well-being. Well-being features in normative ethical theories, most notably utilitarianism. One need not be a utilitarian, or a consequentialist more generally, to think that well-being matters morally. Any plausible ethical theory will give at least some role to well-being. In economics, the term is used for one or more quantitative measures intended to assess the quality of life of a group, for example, in the capabilities approach and the economics of happiness. As with the related cognate terms 'wealth' and 'welfare', economics sources often contrast the state with its opposite. The study of well-being is divided into subjective well-being and objective well-being.

Illness Behaviour & Wellbeing as a Social Problem

The emergence of the concept of illness behaviour 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 behaviour and help-seeking behaviour 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 signs 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) [15]

Select Studies on Health and Illness

1. Sthitapragyan Ray (2007) [8] studies the role of Gram Panchayats in the delivery of health care services in Himachal Pradesh. Ray stated that the achievements of the state is quite impressive in the field of health. In HP the Panchayati Raj institutions were established in 1954 under the HP Panchayat Raj Act, 1952. Ray mainly focused on health care functions and contribution of Gram Panchayat (GP). Four districts of lower areas of HP, which constitute 60 percent of the state's area and account for 96 percent of its population were identified for study. Ray used both conventional and participatory tools for the collection of data. Ray concludes that the Gram Panchayats have failed to translate the information a...Perspectives and programmes of health care in India Tamil Nādu from theoretical and empirical perspective. He used the participatory method to collect the data. In his study argues that the family welfare programme in India was a centrally sponsored and funded programme with common administrative budget, training and motivational and implementation strategies. As a result of the centralised approach coupled with absence of area specific approaches. The performance of RW programme has for less than satisfactory.
2. Sudarshan Reddy & A. Neelima (2009) [9] studied the context of growing recognition of health as a vital component of human capital and the need for evolving sustainable health care system (HCS), an epidemiologic study was conducted in an area in rural Andhra Pradesh in 2006. He states that people's perspectives on health care services in rural Andhra Pradesh: An epidemiologic study. Reddy said that the respondents' perspectives are a mounting dissatisfaction of existing public as well as private services, need for preventive rather than curative approach including health education and a re-look at the grass root level increasingly demanding more by way of quality in public health services and greater regulation of the private sector to ensure cost-saving, increasing the access and in overall, a health policy in tune with a holistic approach.
3. Madhulica Banerjee (2002) [6] wants to understand the relation between Ayurveda and the modern market through an analysis of decisions regarding the product profiling, positioning and packaging of Ayurvedic medicines by its leading manufacturer. Dabar India Pvt. Ltd. in Calcutta, West Bengal, Banerjee stated that Power, culture and medicine Ayurvedic pharmaceuticals in the modern market and the changing conditions of the market. changing nature of the field of power. Banerjee finds that the medicine had to be cast in the mould of modern medicine and disconnected from its relationship to the knowledge system.
4. Sudarshan Reddy & A. Neelima (2009) [9] studied the context of growing recognition of health as a vital component of human capital and the need for evolving sustainable health care system (HCS), an epidemiologic study was conducted in an area in rural Andhra Pradesh in 2006. He state that people's perspectives on health care services in rural Andhra Pradesh: An epidemiologic study.
5. S.N. Narynatara & V.B. Annigeri (2008) [14] in his paper presents a methodology for estimating the burden of diseases in monetary terms instead of demographic indicator in Karnataka by empirical study. In his study argues to estimate resource costs should also be considered in that spirit, as issues of policy relevance in the health sector are raised from the present exercise.
6. Dr. S. Jai Singh (2008) [11] state that the Human Right to Health and Social Justice: A Survey Maharashtra and one in Madhya Pradesh in India. He state Madhya Pradesh that "Health is not mainly an issue of doctors, social services and hospitals; it is an issue of social justice." Health is a basic human right and fundamental freedom. Health is a bright right. It is man's natural condition. He observed the groups and dimensions of health the society and the state to protect and promote health. Dr. Singh said that (it is clear that the Hon'ble Supreme Court has declared that the right to health is a fundamental right under Article 21 of constitutions.) Health implies more than absence of sickness. (Medical care and Health facilities ensure stable manpower for economic development). He suggest that the Union Public Service Commission should recognize health as a compulsory subject in its examinations. Health education must be made compulsory.
7. Alpana Sagar (2006) [10] studied the health planning in India Led by Public health Principles or political compromises. Sagar that the Bhore Committee believed that in drawing up a health plan certain primary conditions essential for healthful living needed to be ensured suitable housing, sanitary surroundings, safe drinking water supply, elimination of unemployment, a living for all workers, improvement in agricultural and industrial production. Thus, finally technology and hospitals were tacitly seen as the methods of disease control. The approach to the first five-year plan stated "He cultural objective of planning in India at the present stage is to initiate a process of development which will raise living standards"
8. P.C. Joshi *et al.* (2009) [16] in his study discuss social contours of mental illness in a peri-urban resettlement Delhi Joshi (2007) states that there are nearly 70 million patients in India suffering from major mental and behavioural disorders and of these, nearly 80 percent patients living in rural areas are unable to access professional care. But, out of 20 percent who have the psychiatric centers within easy reach in urban areas, Objective do all people make use of the mental health care facilities conveniently? The study was undertaken in Jahangirpuri, a north Delhi resettlement colony. He used Methodology of Questionnaire in data collect. Illness Hindi language is Bimari which was used in the discussion. Why the people did not feel that their locality had the problem of illness. Prevalence of psychiatric disorders was high in the colony. The stigma of visiting an exclusive mental health facility is still looked down upon and the stigma of illness prevents people from seeking

- appropriate health care. The follow-up study of 185 patients that only 15 percent of the patients had continued the treatment in Thiruporur, Tamil Nadu.
9. Pragma Sharma (2009) ^[13] studied that Deification of Diseases: A Study of Health Behaviour of Raikas. The most frequently used term for these people in Rajasthan. Raikas combine camels and sheep in their herds in varying proportions. In Bikaner, Jodhpur, Pali and Kota certain hamlets are observed having several camel herds but flocks of sheep also exist in these hamlets. Sharma state that Illness for them is the abnormal state of feeling unwell. A person who confined to bed because of the lack of normal capacity to work is considered ill. Such person stops his daily activities and cannot perform his routine work. Raikas believe that a person has some disease in his body is not in order both physically and mentally. One's sinful acts brings illness not only upon that person but also upon the members of family and community. Therefore, as a community treatment and cure of prolonged sickness Raikas prescribe several acts of appeasing gods through prayers, vows, invocations and holy baths.
 10. K. Jack Martin (2008) ^[7] states that under the influence of Genetics: How trans disciplinarity leads us to Rethink Social Pathways to Illness in National Institute on Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse. Martin state that sociological and genetic theories of illness causation and derives propositions expected under each and under a transdisciplinary theoretical frame. Propositions from three theories-Fundamental causes, social stress processes, and social safety net theories-martin highlight the essential in rediscipline tension in the role of proximal and distal influences in social processes and point to the promise of focusing directly on dynamic, networked sequences that produce different pathways to health and illness. Sherry Cable *et al* (2008) ^[12] studied that Risk Society and Contested Illness: The case of Nuclear Weapons Workers. This is the Empirical analyses show that citizens claim of illness. Cable state that wealth production within a "risk society" typically depends on production technologies that expose citizens to dangerous substances. Knowledge of such exposure is, more often than not, hidden from the public. Illness link is scientifically confirmed. Using case methods, including in depth interviews with 124 citizens, analysis center on the contested illness claims nuclear weapons workers at the federal Oak Ridge Nuclear Reservation. Results highlight how institutional and organizational resources provided authorities with tactical leverage, and allowed them the manufacture an ambiguous climate for public discourse.
- The implications of Cable findings for analyses of environmental exposure specifically, but also the seemingly contradictory tension between the risk society's need to restrict information to experts and democracy's need for open discourse. Risk societies are fuelled by the informed, private determination of risks whose consequences are borne by the uniformed public.
- Findings**
- Finding is on the basis of above studies by dealing with different aspect of health we can depict upon the substantive issues.
- i). Sthitapragyan, Ray (2007) ^[8] discusses that the role of Gram Panchayats in the delivery of health care services in Himachal Pradesh
 - ii). Madhulica, Banerjee (2002) ^[6] state that the modern market through an analysis of decisions regarding the product profiling, and packaging of Ayurvedic medicines in Calcutta, West Bengal.
 - iii). Sudarshan Reddy and A. Neelima (2009) ^[9] state that the private sector to ensure cost-saving, increasing the access and in overall, a health policy in tune with a holistic approach.
 - iv). S.N. Narynatara and V.B. Annigeri (2008) ^[14] state that the burden of diseases in monetary terms instead of demographic indicator in Karnataka.
 - v). Jai Singh (2009) discusses that the human right to health and social justice.
 - vi). Alpana, Sagar (2006) ^[10] discusses that public health principles or political compromises.
 - vii). PC. Joshi *et al.* (2009) ^[16] discusses that social contour of illness. Illness in Hindi language is Beemari which was used in the discussions.
 - viii). Pragma Sharma (2009) ^[13] said that illness not only upon that person but also upon the members of family and community.
- K. Jack, Martin (2008) ^[7] state that the influence of genetics: How Trans disciplinarity leads us to Rethink Social Pathways to Illness, and wellbeing.

Conclusion

The implications of Cable findings for analyses of environmental exposure specifically, but also the seemingly contradictory tension between the risk society's need to restrict information to experts and democracy's need for open discourse. Risk societies are fuelled by the informed, private determination of risks whose consequences are borne by the uniformed public. The study concludes that illness behaviour and wellbeing is a social aspect of human being life. There are multitude of health problems like headache, Blood pressure, joint pain, viral fever, cough, cancer, heart diseases, depression, diabetes, anemia, vitiligo, piles, autoimmune diseases, allergy, TV, etc. Health is an important part of everybody's life. Presently everybody in India faces multiple of health problems. The study focuses on about illness behaviour and wellbeing. Health in India can be examined in terms of multiple indicators as social, economic, political, psychological and physical. Health is a state of complete physical mental and social wellbeing and not merely the absence of disease and infirmity. this paper deals with illness behaviour and wellbeing defining of the term's medical sociology, health, illness, illness behaviour, wellbeing, illness behaviour and wellbeing.

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