

READINGS

IN

MEDICAL SOCIOLOGY

EDITED BY

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&
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Chapter Twelve

SOCIETY AND HEALTH: SOCIAL PATTERN OF ILLNESS AND MEDICAL CARE

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INTRODUCTION

It is a common belief today particularly in Africa and the developing societies that the perception, conception and management of ill-health is culture bound though the significance which ill-health holds for the population remains the same among all groups of people. In other words, remaining healthy is vital to all people in all societies but the ways and means of evaluating and treating the problems of ill-health varies from one group to the other. This is the more reason why understanding of the subject at hand is crucial to all members of society.

The concepts of society and health are interrelated and mutually in exclusive especially as the latter finds its expression and context within the former. It is in this light that we intend to examine the concept of society and how it informs health beliefs, associated illness pattern and medical care available to the people.

Society and culture

In most discussions of health and its management, the concept of culture features more frequently in the prediction of patterns of health management than the concept of society. That in itself does not imply the meaninglessness of society as a heuristic method in the understanding of health issues in sociology, what is rather significant is the fact that both concepts are not mutually

independent of one another because a society cannot exist without a culture while a culture exists only within a society (Chinoy 1967) and given the fact that most discussions in the health realm focus on the role of culture in the management of ill health, it would be pertinent to discourse culture within the context of a society.

Society:

The conception of society varies from one authority to another and according to the subject under review (Onwuejeogwu 1981). This implies that no single and uniform concept of the term is acceptable among social scientist (Chinoy 1967; Otite and Ogionwo 1981). Given this background and the nature of the subject our emphasis would be directed at presenting a definition which would best illustrate and give meaning to illness pattern and health.

A society is an aggregate network of social relationships of a group or groups of people who may have lived, worked together long enough to get themselves organized and to think of themselves as a social unit and live a common life. The environment thus defined as a society may inhabit one, two or many groups with their distinct norms and values. A rural community may inhabit one group while a modern urban centre may inhabit many groups. In this sense, a society can be classified as folk-urban (Redfield 1947), sacred-secular (Howard Becker and Harry Barners 1952), status - contract (Sir Henryt Mainer 1872), communal - associational (Chinoy 1967), and that which is sustained by mechanical and organical solidarity (Durkheim 1933). In each of these classifications a group or groups with common values obtains in a society with a distinct culture, implying that there could be one culture or more in a society as in the case with the Okpe society in Delta State and the Nigerian society.

Culture:

In the same token, culture connotes different things to different authorities. The word is not only abstract in nature but the range of objects or phenomena it refers to is diverse hence its complexity and empirical nature. This fact probably accounts for the conceptual controversy. The concept in the views of Oke (1984) is borne out of the desire to characterize in an empirical terms the similarity and wide differences between groups of people. In this sense, group or groups of people can be demarcated based on their ways of living. It is that artifact which equips the group to cope with the environment that is referred to as culture. For instance, Taylor (1891) defined culture as the complex whole which includes knowledge, beliefs, arts, morals, laws, customs and any other capabilities and habits acquired by man as a member of a society. These acquisitions enhance man's adaptability and mastering of the environment. The artifact which essentially qualifies to be defined as cultural traits must be acquired by men through learning and are shared by all members of the same group and are transmitted from one generation to another.

The approach and methods of dealing with ill health or discomfort and the maintenance of health is rooted in the culture of the people and therefore a cultural trait. Lambo (1961, 1969) observed that his experience of non-literature societies have demonstrated the influence or importance of cultural factors in the management of mental patients. Similarly, Oke (1994) writing on the influence of culture on health services utilization noted that even some organic diseases have at least indirect cultural origin, he therefore, concluded by alluding to the fact that human behaviour is a manifestation of his culture. His behaviour is culturally conditioned.

Health:

Health according to the World Health Organization(WHO): is a state of complete, physical, mental and social well being and not merely the absence of disease or infirmity. Put differently, being healthy goes beyond not having any diseases or infirmity but complete physical, mental and social well being. Given this definition and considering its complexity it may not be practicable to pursue the subject under examination adequately. In this light it may be convenient and pragmatic to adopt the concepts for understanding the social pattern of illness and medical care in society.

Diseases in the words of Idler (1979) is an abstract biological-medical conception of pathological abnormalities in people's bodies. This is indicated by certain abnormal signs and symptoms which can be observed, measured, recorded, classified and analyzed according to clinical standards of normality (Mechanic 1968, Coe Rodney 1970). Viewed from this angle, it is objective and empirical consequently therapy is predicated upon the findings of the investigation.

Scientific as the above conception may appear, its utility in sociological analysis in the management of health is limited by the values and perception of problems which are hinged on the culture. For instance, an Egyptian physician says:

Peasant people in the villages of rural Egypt believe that illness must be associated with pain and discomfort otherwise it is not illness. He went further to observe that bilharziasis and other parasitic infections are not illness because they do not cause pain and therefore do not require treatment". (Read 1966).

In the same token, chronic ailment may also be responded to differently by people of differential social status and age. The

aged might perceive ailment at old age as normal in the same way as mild ill-health is accepted as a normal part of life even when it has biological underpinnings and consequently not induce illness behaviour amongst many groups of people in society.

This fact brings us to the essential subject of illness which is a subjective evaluation of ones state of being (Mechanic 1968). In the same vein Idler (1979) conceives of illness as the human experience of disease which is social. This state is indicated by personal feelings of pain, discomfort etc. which may lead to behavioural changes. These changes may or may not preclude objective disease reality but rooted within a social context. The above contention is aptly contextualized by Low (1982), he observed that illness is given socially recognizable meanings. That is they are made into symptoms and socially significant outcome consequently adequate classification on causation and therapy are designed within the socio-cultural context for its management. Read (1966) for instance observed that in African systems there are three groups of illness. The first are trivial or everyday complaints treated by home remedies. The second are European disease - that is disease that respond to Western scientific therapy while the third categories is of African disease - those not likely to be understood or treated successfully by western medicine. This observation is true of many ethnic groups in Nigeria. Erinsho (1976) and Oke (1995) working among the Yorubas and Owumi (1989) among the Okpe people of Delta State noted that illness etiology could be traced to three basic factors, viz: natural, supernatural and mystical. Thus illness evaluation and management is predicated on the presumed causative agent and thus defines the pathway to health care delivery.

Illness Behaviour:

Illness behaviour as distinct from health behaviour refers to how illness is evaluated perceived and acted upon by people who

experience discomfort and pains. It is the consciousness of the state of health that is the cue to the action taken (illness behaviour). For example, it is likely for an individual to have a disease and yet be unaware or be mindless of its and therefore, take no action. The effort made to relieve one of the associated discomfort and pains experienced that is referred to as illness behaviour. The utility of these concepts of disease and illness are considered in the light of the social determinants of health services utilization and health status evaluation within a cultural context.

Medical System:

The medical system of a given state, community or nation refers to the available health care facilities in place for the management of the health problems. The existing health care system is defined by the culture and the belief of the members of the community. In the Nigerian context as it is with many other developing nations of the world, a variety of medical systems are available.

First, there is the indigenous health care model which existed and still existing in the community. This system is defined by the cultural values of the people and thus varies from one community to the other (FMOH 1988). In other words, it is community based while practitioners practice their art in a solo manner to their clients (Pearce 1986, Alubo 1995). A variety of practitioners known as either herbalists, diviners, bone setters, psychiatrists, sooth-sayers and birth attendants all of which fall under the tag of traditional medicine men or practitioners now operate in the urban and mostly rural areas of the developing world and Nigeria in particular. It should be mentioned, however, that the practitioners of traditional medicine in Nigeria have been operating under difficult and hostile environment (Alubo 1995) due partly to government attitude/policy and, the operator of western medicine and the educational status of traditional medicine

practitioners (Mume, 1985) that prevented them from galvanizing their ideas and forming a formidable group.

In addition to the above, western medical services were introduced as a result of missionary activities and the colonization of our society. These services though scientific and modern were alien and unavailable to the generality of the population due partly to our culture and the cost of providing the facilities. Today, this system of health care management is the predominant system in most societies (developed and developing) though not the most patronized in the developing world with special reference to Nigeria (Oyebola 1981, Heggenhougen 1981).

It is also noteworthy to state that syncretic health care services (that is Islamic religious teacher are recognized as healers and priest in churches, Pearce 1986) are also added to the help seeking service sources available in our society. It is therefore, not out of context to say that a plurality of health care services are available from which patients would make choice when the need arises. Given the existence of a variety of health care services the social pattern of illness and medical care choice could be examined within the context of a society.

Social Pattern of Illness and Medical Care Choice

The pattern of illness and medical care discernable in any community is a function of the culture, value and context within which the people operate and conceive the ailments. The patter of illness/disease may be viewed from "epochal" angle where the major diseases are classified according to seasons and ties. That is pattern of disease associated with pre-agriculture age, agricultural societies and modern industrial society. During each of these stages particular forms of diseases are more prevalent as causes of morbidity and death. For instance, diseases of the degenerative types like cancer and cardiovascular diseases are more prevalent in the modern industrial era as causes of death (Fitzpatrick 1984).

Patters of illness may also be conceived from the social perspective where attention is focused on the life conditions, status and environment of the population as determinants of the prevalence and the perception of ailments. It is this fact that essentially determines the nature of medical care (that is whether the care should be preventive, curative or interventionist in approach) and invariably utilization pattern. Fitzpatrick (1984) observed that in many parts of the third world life expectancy at birth is much lower than in Europe or North America. He went further to say that many aspects of the environment in the third world provide much more favourable conditions for the spread of infectious diseases than those that prevailed in historical Europe. The tropical ecology according to him is particularly favourable for such vectors of diseases as malaria (mosquito) and sleeping sickness (tse-tse fly). Beyond the environmental factor, socio-economic status of the people also determines the pattern of diseases and mortality rate. Odebiyi (1980) observed that people of low socio-economic status judged from residence pattern in Ibadan, conceive of disease differently and also have differential access to health care facilities. Beside the question of perception, the low socio-economic status person is most likely to live in the "run-down area" of the society than the high socio-economic status person where the life conditions are generally poor consequently high morbidity and mortality rate largely due to infections and parasitic diseases. In this sense, one can discern a patter of disease prevalent among groups of people in a society. For instance, Guineaworm disease is prevalent among the poor and rural people whose main sources of drinking water are wells, brooks and rivers. The high socio-economic group are most likely not to suffer from these forms of ailments.

The conception of disease by the low and high socio-economic group may also enhance the examination of illness pattern and medical care choice. The low socio-economic group person who is largely illiterate conceive of diseases from the

cultural world view as against the high socio-economic group person (literate) who is more modern and westernized and thus perceive disease from the biomedical angle. The preponderance of any of these groups in society would largely determine the utilization patter of health care services available and invariably health care development approach as earlier argued (Owumi 1994). In other words if the literate group constitute the majority of the population, western health care model would be mainly patronized where the contrary is the case, where the majority are illiterate they will rely on traditional methods of therapy or other alternatives. It should be stated, however, that there is no clear cut line of action as suggested above because the people might be literate (modern) and yet not patronize western services due partly to the cost of availability/accessibility of the services and the existence of the necessary cue to health care actions. Essentially, the path ways to health care is very intricate and it is influenced by a number of factors particularly in a society where alternative health care facilities are available.

CONCLUSION

Generally, men constitute the society and the various ways they have designed to enhance their survival within the environment is what constitute the culture. Health, a system of sound (healthy) is one of such tool to facilitate man's survival consequently the pattern of ailment and illness management technology in existence is patterned by the culture and the society at large.

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