



## A review of sociological study on health and illness patterns in Kashmir

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### Abstract

Health is a fundamental human right and is central to the concept of quality of life. Health care is a programme of services that should make available all facilities of healthcare and allied services necessary to promote and maintain the health of people. The contribution of health care institutions in the health care of an area can be assessed by its different components viz., number of doctors, availability of beds, infrastructure, paramedical staff, technical facilities etc. In India health care system is paralyzed because it has to face serious crises in cost, quality of care and equitable distribution of modes and standard services to the population as a whole. The idea of the social construction of the illness experience is based on the concept of reality as a social construction. In other words, there is no objective reality independent of our own perceptions of it. The social construction of the illness experience deals with such issues as the way some patients control the manner in which they reveal their disease and the lifestyle adaptations patients develop to cope with their illnesses.

### Keywords

Sociological study, health, illness, Jammu and Kashmir, sanitization

### Introduction

The contribution of health care institutions in the health care of an area can be assessed by its different components viz., number of doctors, availability of beds, infrastructure, paramedical staff, technical facilities etc. In India health care system is paralyzed because it has to face serious crises in cost, quality of care and equitable distribution of modes and standard services to the population as a whole. The distribution of health care services and modern health facilities is highly centralized about 75 percent of Indian population resides in rural areas, only 11 percent physicians practice in these areas. Health care, being an integral part of socio-economic conditions, has a major role in the prevention of diseases and promotion of health. Regional disparities in health care parameters and disease distribution are very much present in developed as well as developing countries but in the later ones, the problem of disparities is in acute situation due to overwhelming backwardness and existence of few developed pockets at the cost of others. The social construction of health is a major research topic within medical sociology. At first glance, the concept of a social construction of health does not seem to make sense. After all, if disease is a measurable, physiological problem, then there can be no question of socially constructing disease, right? Well, it's not that simple. The idea of the social construction of health emphasizes the socio-cultural aspects of the discipline's approach to physical, objectively definable phenomena. Sociologists Conrad and Barker offer a comprehensive framework for understanding the major findings of the last 50 years of development in this concept. The idea of the social construction of the illness experience is based on the concept of reality as a social construction. In other words, there is no objective reality independent of our own perceptions of it. The social construction of the illness experience deals with such issues as the way some patients control the manner in which they reveal their disease and the lifestyle adaptations patients develop to cope with their illnesses.

### Review of Literature



(Muzaffar 2015) Studied “*Maternal Health and Social Determinants: A Study in Jammu and Kashmir*” and found that Gender based structured inequality is a common feature of any patriarchal society. A patriarchal society like India poses several challenges for the females. Health inequality is one more typical inequality faced by women in India. The adverse sex ratio, female feticide, high maternal mortality, widespread prevalence of anemia and poor access to quality institutional delivery are some of the manifestations of sex selective health deprivation faced by women in India.

(Hassan 2012) Studied “*Attitude towards mental illness in Kashmir*” and observed that Mental, physical and social health, are vital strands of life that are closely interwoven and deeply interdependent. Defining health as physical, mental and social well being, A.V. Shah has expressed that mental health is "the most essential and inseparable component of health. There are number of dimensions, which contribute to positive health like, spiritual, emotional, vocational, philosophical, cultural, socio-economic, environmental, educational and nutritional

besides the physical, mental and social dimension. Thus, health is multidimensional. Although these dimensions function and interact with one another, each has its own nature.

(Qurieshi 2016) Studied “*Epidemiology of Cancers in Kashmir, India: An Analysis of Hospital Data*” and found that World is facing an epidemic of non-communicable diseases and it is believed to get worse at the end of this decade. Non-communicable diseases are responsible for more than three fifths of the deaths globally (36 million), largely contributed by cardiovascular diseases (48% of non-communicable disease deaths), cancers (21% of non-communicable disease deaths), chronic respiratory diseases (4.2 million deaths), and diabetes mellitus (1.3 million deaths). It is predicted that cancer will be an important cause of mortality and morbidity all over the world in next few decades.

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### **The Social Construction of Health**

If sociology is the systematic study of human behavior in society, medical sociology is the systematic study of how humans manage issues of health and illness, disease and disorders, and health care for both the sick and the healthy. Medical sociologists study the physical, mental, and social components of health and illness. Major topics for medical sociologists include the doctor-patient relationship, the structure and socioeconomics of health care, and how culture impacts attitudes toward disease and wellness.

### **The Cultural Meaning of Illness**

Many medical sociologists contend that illnesses have both a biological and an experiential component, and that these components exist independently of each other. Our culture, not our



biology, dictates which illnesses are stigmatized and which are not, which are considered disabilities and which are not, and which are deemed contestable as opposed to definitive (illnesses that are unquestionably recognized in the medical profession).

### **The Social Construction of the Illness Experience**

The idea of the social construction of the illness experience is based on the concept of reality as a social construction. In other words, there is no objective reality independent of our own perceptions of it. The social construction of the illness experience deals with such issues as the way some patients control the manner in which they reveal their disease and the lifestyle adaptations patients develop to cope with their illnesses.

### **The Social Construction of Medical Knowledge**

Conrad and Barker show how medical knowledge is socially constructed; that is, it can both reflect and reproduce inequalities in gender, class, race, and ethnicity. Conrad and Barker use the example of the social construction of women's health and how medical knowledge has changed significantly in the course of a few generations. For instance, in the early 20th century, pregnant women were discouraged from driving or dancing for fear of harming the unborn child, much as they are discouraged from smoking or drinking alcohol today.

### **Health Scenario in Jammu & Kashmir**

Jammu and Kashmir is an important state of India and presents unique climatic and cultural conditions. Its demographic pattern differs from that of rest of the country with Muslims accounting for 56 percent of the population in 2007-08. The Total Fertility Rate (TFR) in 2008 was 2.2 which in rural areas is quite high (2.5) as compared to urban areas (1.5). Looking into the performance of indicators related to human development, Jammu and Kashmir has the lowest incidence of poverty compared to all other states in the country. Education has been affected due to the political and social disturbances. The literacy rate of Jammu and Kashmir is only 68.7 percent, against the national literacy rate of 74 percent in 2011.

### **Conclusion**

The idea of the social construction of the illness experience is based on the concept of reality as a social construction. In other words, there is no objective reality independent of our own perceptions of it. The social construction of health is a major research topic within medical sociology. At first glance, the concept of a social construction of health does not seem to make sense. After all, if disease is a measurable, physiological problem, then there can be no question of socially constructing disease, right? Well, it's not that simple. The idea of the social construction of health emphasizes the socio-cultural aspects of the discipline's approach to physical, objectively definable phenomena. Many medical sociologists contend that illnesses have both a biological and an experiential component, and that these components exist independently of each other. Our culture, not our biology, dictates which illnesses are stigmatized and which are not, which are considered disabilities and which are not, and which are deemed contestable as opposed to definitive (illnesses that are unquestionably recognized in the medical profession).

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