

Rural Korean Housewives' Attitudes towards Illness

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A patient's conception of medical illness is often related to his traditional beliefs and values. Four major Korean spiritual groups, Shamanism, Fatalism, Oriental medicine and Christianity project responses to disease and illness, its cause and cure. This study reviewed the attitudes of rural villagers towards illness with respect to their traditional beliefs, age and educational and economic levels. Two thirds of the respondents displayed traditional attitudes towards illness, and the most traditional attitudes were apparent in the questions and responses reflecting the Oriental medicine view of disease. Poor, relatively old, less-educated persons exhibited more traditional attitudes than others. Religion, farm size and social class were not significantly related to traditional beliefs. It was found that those who have a traditional attitude towards illness believe in 'the providential relationship (Yondae)' more strongly than others, while those with a more scientific understanding view disease and its treatment more rationally.

Key Words: Attitudes toward illness, projection system, providential relationship (Yondae)

There are several factors involved when seeking medical treatment of physicians. The most obvious are the availability of physicians, and the expense incurred by the treatment. Even though these two conditions are met, most patients on Koje Island, for example, do not in fact receive treatment (Yu 1972). Common reasons for refusal are: "I will get well soon" and "It is not serious". Despite the apparent clinical symptoms, they are unwilling to seek medical treatment due to their attitudes towards illness. To them, the availability of medical help and their ability to afford it are not important. The patient's attitude towards disease becomes one of the most important and basic factors determining recovery.

However, most research has focused on improving the geographic and economic factors. But, just as many smokers refuse to follow doctors' advice that smoking is harmful to their health, so values and attitudes are sometimes more resistant and persistent than the environment (Freeman 1982).

This study proposes to first describe the attitudes towards illness among rural Korean housewives;

secondly to define the factors that affect these attitudes; and finally to affirm empirically attitudes to illness and treatment behavior.

Illness is distinguished by a deviant and abnormal physical status, disturbance of the biorhythm and loss of self control. The disease state is characterized by an organic disharmony which may arise when several factors occur simultaneously. But disease and illness are a sociological phenomenon as much as a physical one. For example, many societies have attributed the cause of disease, death and accidents to a supernatural being (Blooms 1965). Dobuans living in New Guinea believe that illness is caused by someone's curse, which can only be removed by the curser.

Accordingly, to Dobuans, remedy entails a reconciliation ceremony to purge the curse. (Blooms 1965). Likewise, a child in India suffering from dehydration is brought more often to a shaman than to a doctor. They believe that dehydration occurs when the mother feeds the baby after encountering or touching the dead or a coffin. As a result, the mother with the help of the shaman has to purify and exorcize herself (Lozzott 1975). They believe that the cause of the illness determines the method of treatment, and in this sense, no one can argue that they are not doing their best for their children.

Such beliefs are commonly found in Korea as well. For example, 86.4 percent of Protestant pastors believe that mental disorders are "caused by an evil spirit" or "related to an evil spirit" while only 25 per-

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cent of Catholic priests believe so. Consequently 40.8 percent of Protestants insist upon exorcism for the treatment of mental ills, whereas 3.6 percent of the Catholics do so (Sohn 1983). The difference in the selection of treatment method comes from their differing beliefs regarding the cause of the illness.

Traditional belief has its own logical explanation system and provides treatment methods based on it. Traditional belief, however, is closer to magic than to science. So the system contradicts modern medical science, and consequently we cannot measure its effect scientifically. Nonetheless, it affirms the fact that the traditional beliefs of a society are a very important subject of sociological study which aims to improve the medical service of the society.

Traditional beliefs regarding disease in Korea are related to shamanism, fatalism, oriental medicine (Kim 1972) and Christianity (Kim 1982). Among the shamanistic attitudes, the most frequently encountered are the spirit intrusion, violation of taboo, and soul loss (Kim 1972).

Fatalism is characterized by belief in a supernatural and mystical being(s) behind every matter so that one becomes ill because of fate or a lack of fortune.

Oriental medicine has also affected Koreans' attitudes toward disease for a long time. It assumes hypothetically a structure and interrelationship in the human body. This frequently leads one to attribute the cause of illness to one organ or another. For example, insufficient vitality is believed to cause hypochondria. So by invigorating the stomach, which is thought to be a reservoir of vitality, hypochondria is assumed to be cured (Kim 1972).

Recently, the Pentecostal movement of some Christians has contributed to the diffuse 'Christian' attitude on disease (Han 1982). The Christian attitude in Korea originated from their consciousness of original sin, the devil, and the curse (Cho 1977). One gets sick because of original sin, the workings of the devil, or his apostasy. Thus one can recover from it only by his repentance and by forgiveness from God. This alleges, in essence, that recovery depends not on man's endeavors but on the will of God. By contrasting the omnipotence of God and the helplessness of man, it demands complete subordination to God and the Christian ethic.

Some argue that the Christians' attitude on illness functions, from a sociological point of view, as a social control. Those who are more critical of such practices contend that the so-called Christian attitudes and practices on illness are not truly Christian (Suh 1982). It

simply is shamanism which is strongly rooted in society, dressed up in Christian "Clothes".

The discussion so far has revealed first that the traditional attitudes prevalent in Korea are of projection and secondly that the only difference between these attitudes is the causative agent itself such as a specific daily occurrence, a given body organ or a supernatural being.

Projection, according to psychological research, is employed by those who are less intelligent, such as children, for self-defence, to identify the cause of failure as other-than-himself. Children are generally forgiven for this attribution. But as they mature this is tolerated by adults less and less. Projection results in the evasion of one's responsibility and brings the vicious circle of projection into the full cycle (Kim 1972). Projection generally causes problems in the recovery of patients. First of all the patient is distorting reality and secondly, the patient, more often than not, opts for an unscientific and mystical method of treatment (Han 1974). One such example is the 'providential relationship' between a doctor and patient, which existed previously. With a good providential relationship, the patient will recover quickly, but without it, won't. Though the assumption is not scientific, many Korean patients are believed to seek treatment from a doctor who has a good providential relationship with them.

METHOD

The survey was conducted in Inje-kun, Kangwon-do, a 1951 sq km mountainous area which is 90 percent forest. By 1980 its population was 47,791, and the population density was 24.4, one sixteenth of the Korean average of 385.1 (Inje-kun 1981). There was one general hospital with 90 beds, and six clinics. The physician/resident ratio was 4,344:1, about 2.6 times higher than the national average of 1,690. Statistics show that the area is a relatively backward hinterland in general, and specifically with regard to medical facilities. It takes more than thirty minutes by available transportation for most residents to reach the hospital (Korean Government 1981).

The samples were selected in two stages. In the initial stage, ten villages out of 84 were chosen randomly. In the second stage, one third of the households in each village were selected randomly, and the housewife of each household was interviewed. The Korean housewife usually knows the health and illness of her family very well.

The survey was conducted during August 1985 by ten interviewers. The statistical analyses used are Chi-

Table 1. Sample area and size

Area	Total Number of Villages	Number of Villages Selected	Village Name	Number of Households Sampled
Inje-eub	19	2	Duksan-ri	42
			Guiduen-2ri	31
Nam-myon	17	2	Shinnam-2ri	50
			Susan-2ri	20
Buk-myon	17	2	Wontong-7ri	48
			Yondae-1ri	41
Kirin-myon	23	3	Seo-1ri	37
			Hanam-2ri	37
			Misan-2ri	12
Seohwa-myon	8	1	Chundo-4ri	47

square and Pearson's correlation coefficient.

DISCUSSION

1. Social Characteristics of Respondents

The age of 73.4 percent of the respondents ranged from thirty to sixty years (See Table 2). Those who had an elementary school education or less accounted for 74.8 percent (See Table 3). Sixty-three point seven (63.7) percent had no religious beliefs, while Buddhism 21.3, Protestantism 11.6, and Catholicism 3.3 percent accounted for the rest. (See Table 4). The major source of income for 66 percent of the households was farming, even though 44.1 percent of the households did not own any land (See Tables 5 & 6). Accordingly more than a quarter of the respondents reported insufficient income (See Table 7). The subjective evaluation of ones own stratification showed that about half belonged to the middle class (See Table 8).

2. Attitudes Towards Illness

The attitudes towards illness were defined with regard to shamanism, fatalism, oriental medicine, and christianity. Shamanistic attitudes were measured using six questions. Shamanistic beliefs were apparent in the response that one may become ill if he violates a taboo. Forty seven percent of respondents believed this. Fainting was also believed to be caused by "the mischief of the devil" (36.7%) or "bad luck" (32.3%).

Fatalism was prevalent as well. Thirty-eight percent of the respondents thought that a child could be handicapped because of "misfortune". About two-thirds of the respondents thought that misfortune can

Table 2. Respondent's age

Age Group	Frequency	Percent
20-29	53	14.5
30-39	83	22.7
40-49	104	28.5
50-59	81	22.2
60+	44	12.1
Total	365	100.0

Table 3. Respondent's education

Education	Frequency	Percent
No schooling	150	41.1
Elementary school	123	33.7
Middle school	51	14.0
High school	16	4.4
College	2	0.5
Other	23	6.3
Total	365	100.0

Table 4. Respondent's religion

Religion	Frequency	Percent
Protestant	42	11.6
Catholic	12	3.3
Buddhism	77	21.3
No religion	230	63.7
Total	361	100.0

* Excludes 4 who didn't respond.

Table 5. Occupation of the head of household

Occupation	Frequency	Percent
Farming	241	66.0
Commerce	52	14.2
Clerical	14	3.8
Military	21	5.8
Unskilled	28	7.7
Other	9	2.5
Total	365	100.0

Table 6. Amount of land owned by the household

Land ownership size*	Frequency	Percent
No land	161	44.1
Less than 1,500	41	11.2
1,500-2,999	69	18.9
3,000-4,499	50	13.7
More than 4,500	44	12.1
Total	365	100.0

* Measured by pyong, equivalent to 3,954 square yards.

Table 7. Household income level

Level	Frequency	Percent
Insufficient	97	26.6
Barely making a living	138	37.8
Enough but no savings	69	18.9
Sufficient, with some savings	56	15.3
Sufficient, large savings	5	1.4
Total	365	100.0

make one sick after a meal even though others who ate the same food did not become ill (See Table 9).

Oriental medicine was found to have influenced Koreans in diagnosing illness. Eighty six percent said that the weak "Yang Ki (positive power)" (Bair 1972) makes one susceptible to illness, and an equal number also said that illness can be caused by cold hands and legs. Sixty-five percent also believed that a weak lower abdomen frequently causes illness (See Table 10). The higher acceptance of oriental medicine beliefs as compared to other belief systems was due to the patients' experience of being cured faster by oriental medicine in one way or another. 'Christian beliefs were also widely held by respondent. Half of the respondents stated that the sins one committed can cause an illness. Similarly one third believed that God's wrath can cause an illness (See Table 11.)

To measure the tradition-modernity distribution of attitudes on illness, a composite measure of fifteen questions was constructed. The traditional response was assigned one, the moderate two, and the modern three, so the total score ranges from fifteen to forty five. For better understanding, the raw scores were adjusted to a range of 0-100; 0 the most traditional and 100 the most modern. The distribution was skewed a little toward the tradition (See Fig. 1).

According to the adjusted score, 65.2 percent of the respondents had a score below 60, and only 6.5

Table 8. Respondent's evaluation on one's socio-economic status

Evaluation	Frequency	Percent
Upper class	19	5.2
Middle class	191	52.3
Lower class	155	42.5
Total	365	100.0

Table 9. Shamanistic and fatalistic attitudes on illness

Cause of illness	Yes	No	Don't Know
1. The devil's mischief	36.7	58.9	4.4
2. Misfortune	32.3	55.3	12.3
3. Moving on a bad day	46.6	49.0	4.4
4. Eating foods in the ancestral rites	29.3	64.7	6.0
5. Temporary leave of the soul from the body	22.2	48.2	29.6
6. Hunger-ghost causes stomach illness	4.9	82.5	12.6
7. Fate makes a child sick and handicapped	38.1	54.8	7.1
8. Bad luck	63.3	33.4	3.3

Table 10. The oriental medicine derived attitudes on illness

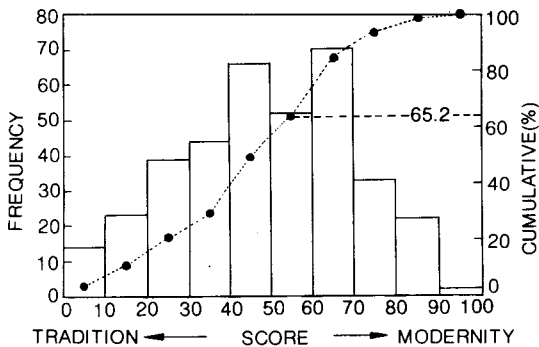
Cause of Illness	Yes	No	Don't Know
1. Weak "Yang Ki"	86.3	7.9	5.8
2. Weak lower abdominal	65.2	15.6	19.2
3. Cold hands and Legs	86.3	6.3	7.4
4. Feeble stomach	82.7	9.0	8.3

Table 11. The Christian attitudes on illness

Cause of Illness	Yes	No	Don't Know
1. Sin	50.7	34.8	14.5
2. The devil	34.8	55.6	9.6
3. God's wrath	32.9	52.1	15.1

Table 12. Evaluation of the view of disease

Score	Range	Frequency	Percentage	Cumulative %
0-9	15-17	14	3.8	3.8
10-19	18-20	23	6.3	10.1
20-29	21-23	39	10.7	20.8
30-39	24-26	44	12.1	32.9
40-49	27-29	66	18.1	51.0
50-59	30-32	52	14.2	65.2
60-69	33-35	70	19.2	84.4
70-79	36-38	33	9.0	93.4
80-89	39-41	22	6.0	99.5
Above 90	42-45	2	0.5	100.0

**Fig. 1.** Graph of attitude scores.

percent were above 80 (See Table 12). This strongly supports the view that rural residents' attitudes toward illness are still very traditional, and further that modernized public health education is in great need indeed.

3. Causes of Different Attitudes on Illness

To assess the causes affecting attitudes, the tradition-modernity score were divided into above and below average. 51.0% had more or less a traditional attitude while 49.0% had more or less a moder-

nized attitude. Then various socio-economic variables were cross-tabulated with the score.

Age: An older person was more prone to display traditional attitudes towards illness. More than seventy percent of the respondents who held traditional beliefs were over forty years of age.

Education: The less educated were more traditional and those who had a middle school education or more were clearly more modern.

Religion: Those having no religion or belief in Buddhism were more traditional, while Protestants and Catholics were more modern. The trend, however, was not significant statistically.

Occupation: Farmers were more traditional than others.

Farm size: Those having no land were slightly more modern, but in general, farm size was not related to the tradition-modernity score. It probably comes from the interaction related to occupation. Those who have no land or a relatively small size of land are not necessarily poor. They may be better off by working in other, more lucrative jobs and having possibly more education.

Income: The poor were more traditional, and the rich were more modern.

Social class: The lower class was more traditional,

Table 13. Age and tradition-modern attitudes towards illness (TMAI)

Age	Traditional(T)	Modern(M)	Total
40 and over	133 (71.5)	96 (53.6)	229 (62.7)
Less than 40	53 (28.5)	83 (46.4)	136 (37.3)
Total	186(100.0)	179(100.0)	365(100.0)
$\chi^2=11.71$ $df=1$ $P<0.01$			

Table 14. Education and TMAI

Education	T	M	Total
No education	91 (48.9)	59 (33.0)	150 (41.1)
Elementary school	66 (35.5)	57 (31.8)	123 (33.7)
Middle school or above	29 (15.6)	63 (35.2)	92 (25.2)
Total	186(100.0)	179(100.0)	365(100.0)
$\chi^2=19.92$ $df=3$ $P<0.01$			

Table 15. Religion and TMAI

Religion	T	M	Total
No religion	119 (64.0)	113 (63.1)	232 (63.6)
Buddhism	41 (22.0)	38 (21.2)	79 (21.6)
Christianity	26 (14.0)	28 (15.6)	54 (14.8)
Total	186(100.0)	179(100.0)	365(100.0)
$\chi^2=0.21$ $df=2$ $P>0.01$			

Table 16. Occupation and TMAI

Occupation	T	M	Total
Farmer	132 (71.0)	109 (60.9)	241 (66.0)
Other	54 (29.0)	70 (39.1)	124 (34.0)
Total	186(100.0)	179(100.0)	365(100.0)
$\chi^2=4.13$ $df=1$ $P<0.01$			

but it changed to more modern as it moved toward the middle and upper class. But it was not significant statistically.

In sum, traditional attitudes towards illness were more prevalent among the older, the less educated, the farmer, the poor, and the lower class, while

Table 17. Farm size and TMAI

Farm size (Pyong)	T	M	Total
No land	73 (39.2)	88 (49.2)	161 (44.1)
1-1,500	23 (12.4)	18 (10.0)	41 (11.2)
1,501-4,000	36 (19.4)	33 (18.4)	69 (18.9)
4,000-4,500	28 (15.1)	22 (12.3)	50 (13.7)
Over 4,500	26 (14.0)	18 (10.1)	44 (12.1)
Total	186(100.0)	179(100.0)	365(100.0)
$\chi^2=4.8$ $df=4$ $P>0.05$			

Table 18. Income and TMAI

Income	T	M	Total
Less than sufficient	59 (31.7)	38 (21.2)	97 (26.6)
Barely enough	80 (43.0)	58 (32.4)	138 (37.8)
Sufficient	47 (25.3)	83 (46.4)	130 (35.6)
Total	186(100.0)	179(100.0)	365(100.0)
$\chi^2=17.90$ $df=2$ $P<0.01$			

Table 19. Social class and TMAI

Stratification	T	M	Total
Lower	88 (47.3)	67 (37.4)	155 (42.5)
Middle	92 (49.5)	99 (55.3)	191 (52.3)
Upper	6 (3.2)	13 (7.3)	19 (5.2)
Total	186(100.0)	179(100.0)	365(100.0)
$\chi^2=5.49$ $df=2$ $P>0.05$			

modern attitudes were held by the younger, the more educated, the non-farmer, the rich, and the upper class.

4. Attitudes and the Providential Relationship (Yondae)

To find out the respondents' behavior towards treatment when they were ill, and to compare that with their traditional-modern attitudes on illness, respondents were asked if they preferred a doctor who was believed to have "a providential relationship (yondae)" with them.

As Table 20 shows, the more traditional respondents were more likely to try to visit such a doc-

Table 20. TMAI and the providential relationship

	Believed it	Neutral	No Belief	Total
Traditional	170 (55.4)	5 (41.7)	11 (23.9)	186 (51.0)
Modern	137 (44.6)	7 (58.4)	35 (76.1)	179 (49.0)
Total	307 (100.0)	12 (100.0)	46 (100.0)	365 (100.0)

$\chi^2 = 16.27$ $df = 2$ $p < 0.01$

tor. This agrees with the previous findings and implies that the more traditional person would prefer more traditional and less scientific treatment methods.

CONCLUSION

The study was conducted to review empirically the traditional view on disease in Korea. The healing process of a disease very much depends on the patient's attitude as well as geographical access to the doctor and economic affordability and is one of the important factors which is crucial to the decision to seek a physician's treatment. The traditional attitude towards disease in this study contrasts with the scientific attitude. Four different kinds of traditional attitudes were discussed in this study. All of them are alike in the sense that they are all projection systems even though the targets are different.

The data gathered by interviews with an organized questionnaire show that the strongest traditional attitude is shown in questions reflecting the oriental medical view of disease (86.3%). The fatalistic view is 63.38 percent, shamanistic view 46.6 percent and Christian view is 50.7 percent. The Lickert scale was comprised by applying a weighted value in accordance with the contents of the 15 questions which were organized to evaluate attitudes on illness. 100 points were assigned to the most modern attitudes in this reconstructed scale. Of the interviewed people, 62.5 percent scored less than 60 points on this new scale. Only 6.5 percent received more than 80 points. In other words, two thirds of the people have more or less undesirable attitudes. The relatively old, less educated and the poor have more traditional attitudes than others. Farmers show more traditional attitudes than those who have other jobs. Religion, size of farm and social class were not significantly related to the attitudes.

It was assumed that those who have relatively traditional attitudes treat their diseases more or less irrationally. To confirm this assumption, we see how 'the providential relationship (Yondae)' works when

people choose their doctors. As a result, it is confirmed that those who have relatively modern attitudes rely less on the providential relationship (Yondae). This means that those who have relatively traditional attitudes take the process of treatment of their diseases more or less irrationally.

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