



Health care seeking behaviour- A theoretical perspective

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ABSTRACT	<p>Health care has received a greater significance today in order to achieve a Healthy Society. Many factors like sex, age, type of illness, access to services and perceived quality of the services, influences the health seeking behaviour. Scholars from different streams of economics, anthropology, epidemiology, public policy and management have explored the reasons behind utilization of healthcare services by an individual. There are different models to explain healthcare services utilization for instance, a psychological model based on social structure and individual medical orientation of an individual (Suchman, 1965), the health belief model based on the various perceptions and motivations of the individual and utility driven healthcare seeking decision steps model.</p> <p>Andersen & Newman's (1973) framework of health care services utilization, envisages that an individual's use of health care depends on three components: predisposing, enabling and illness level. Predisposing component tries to explain the inclination of an individual towards use of health services prior to beginning of an illness episode. Health care professionals could use these explanations to design interventions to promote care-seeking behaviours.If explanations of care-seeking behaviour were supported empirically for one condition, and then these explanations could be tested in relation to care seeking for other health behaviour.</p>
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KEYWORDS	health care, seeking behaviour, theoretical models, rural women, healthcare services
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I. Introduction

Health care has received a greater significance today in order to achieve a Healthy Society. Health affects all aspects of human life with wider implications in social life of an individual. Improving health status of people is challenging not only for the medical practitioners but also for social scientists. Many factors like sex, age, type of illness, access to services and perceived quality of the services, influences the health seeking behaviour.

The concept of studying health seeking behaviours has evolved with time. Today, it has become a tool for understanding how people engage with the health care systems in their respective socio-cultural, economic and demographic circumstances. All these behaviours can be classified at various institutional levels: family, community, health care services and the state. In places where health care systems are considered expensive with a wide range of public and private health care services providers, understanding health seeking behaviours of different communities and population groups is important to combat unaffordable costs of health care.

II. Health Care Seeking Behaviour:

Health care seeking behaviour is a particular aspect of help seeking behaviour. People differ in their willingness to seek help from health care services. Some go readily for treatment others only when in great pain and in advanced state of ill health.

Health-seeking behaviour has been defined as a "sequence of remedial action that individuals undertake to rectify perceived ill-health." In particular health-seeking can be described with data collected from information such as the time difference between the onset of an illness and getting in contact with a healthcare professional, type of healthcare provider patients sought help from how compliant patient is with the recommended treatment, reason for choice of healthcare professional and reasons for not seeking help from healthcare professionals. In the behaviours associated with establishing and maintaining a healthy physical and mental state,(Primary prevention) health seeking behaviour also include behaviours that deals with any digression from the healthy state, such as controlling (Secondary prevention) and reducing impact and progression of an illness (Tertiary prevention).

The WHO has ranked India at 112th out of 190 countries in its survey on Health care system.It had taken up for a detailed survey. This is not surprising as the country allots just 4.2% of its GDP towards healthcare expenditure, of which public health spending is a mere 1.2% compared to 3 per cent in China and 8.3 per cent in the United States.

III. Theoretical Models of Healthcare Services

Scholars from different streams of economics, anthropology, epidemiology, public policy and management have explored the reasons behind utilization of healthcare services by an individual. There are different models to explain healthcare services utilization for instance, a psychological model based on social structure and individual medical orientation of an individual (Suchman, 1965), the health belief model based on the various perceptions and motivations of the individual and utility driven healthcare seeking decision steps model.

When it comes to the healthcare seeking behaviour of an individual the focus is on contextual elements related to the socio economic conditions of the individual and the prevailing health system characteristics. Consequently the focus of healthcare services utilization research from a behavioural perspective is on identifying the most appropriate factors (both individual and environmental) that may influence the choice of the healthcare services provider. There are two major frameworks that have been proposed to explain the healthcare services utilization of an individual from the behavioural aspect. These are: Andersen& Newman model (1973) and the Kroeger's model (1983).

Andersen & Newman's (1973) framework of health care services utilization, envisages that an individual's use of health care depends on three components: predisposing, enabling and illness level. Predisposing component tries to explain the inclination of an individual towards use of health services prior to beginning of an illness episode. It consists of demographic, social structure and belief variables. Enabling component consists of variables that play a supporting role in fulfilment of an individual's need of health care. It consists of variables representing family attributes and community resources. Illness level focuses on the immediate grounds for use of health services by an individual. It consists of

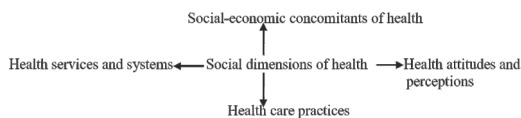
perceived illness and evaluated illness levels for the individual.

The second prominent framework is given by Kroeger (1983) of health care services utilization,, who on the basis of a detailed literature review in the field of healthcare utilization proposed a conceptual framework suitable for both developed as well as developing countries . His framework consisted of patient characteristics, disorder characteristics, patients' perception and service characteristics as key characteristics of health care services utilization. Patient characteristics' is similar to predisposing factors suggested by Andersen & Newman (1973). It included demographic and society related variables. Disorder characteristics consisted of the severity and nature of the disease. Patient's perception consisted of perceptions about expected benefits of treatment, perceptions about disorder type and perceptions about cause of the disease.

IV. Structural functional analysis

Health services, health care practices, health attitudes and perceptions are the four sectors which covers the disciplines of Social Sciences.

I.) Sectoral model of health



There are many socio-economic and socio-demographic constructs like ethnicity, gender, age, religion, caste and social class that effect to exposure and vulnerability to disease, shapes the perception and responses to health problems, actuates efforts and creates an impact on an individual's life and well-being.

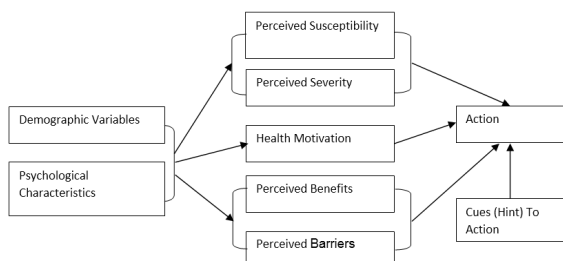
The sector "Health services and systems" is concerns with developing the health of the people by delivering health care services which are acceptable and accessible to the people. The health care practices deals with health behaviour and practices of the communities and the way sick people are treated by the society. It deals with people own understanding of the cause of illness, their health behaviour and ways they take care of themselves when they fall ill.

Health seeking behaviour model

The health care utilization or socio-behavioural model and decision making models are the most popular models in studying the health system. The main aim of various models is to increase practical solution of possible key factors rather than to achieve theoretical advancements.

II.) The health belief model

This is the most known in public health developed in the 1950, The health belief model based on the various perceptions and motivations of the individual and utility driven healthcare seeking decision steps model when it comes to the healthcare seeking behaviour of an individual the focus is on contextual elements of an individual and the prevailing health system characteristics. Consequently the focus of healthcare services utilization research from a behavioural perspective is on identifying the most appropriate factors (both individual and environment) that may influence the choice of the health care services provider.



1. Beliefs about the impact of illness and consequences which depend on; perceived susceptibility, or the beliefs about how vulnerable a person considers himself in relation to a certain illness or health problem, and its consequences.
2. Health motivation or readiness to be concerned about health matter.
3. Beliefs about the consequences of health practices and about the possibilities and effort to put them into practice. The behavioural evaluation depends on 'willpower' with regard to a certain health practice.
4. Cues to action, which includes different internal and external factors, which influence action e.g. the nature and intensity of illness symptoms mass media campaigns, advice from relevant other. [Family, friends, health staff etc.]
5. Beliefs and health motivation are conditioned by socio-demographic variables [class, age, gender, religion etc.] and by psychological characteristics of the interviewed person.

III.) The health care utilization model:

The model was specifically developed to investigate the use of biomedical health services.

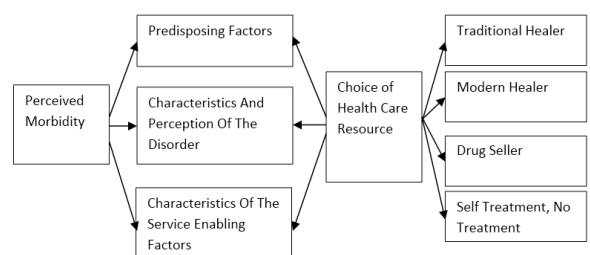
Predisposing Factors	Enabling Factors	Need Factors	Health Factors
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The example of the factors organized in the categories of the health care utilization model are Age, gender, religion, global health assessment, prior experiences with illness, formal education, general attitudes towards health services, knowledge about the illness etc. Anderson's behavioural model of health services Utilization was used as the conceptual framework. This model has been used extensively in both developing and developed countries to understand health services utilization. The model classifies factors that affect health services utilization into three groups: predisposing, enabling and need factors. Among the predisposing factors, demographic characteristics (age, gender, marital status) reflect the propensity of individuals to use services. Social structure (education, occupation, and race/ethnicity) measures the ability of the individual to cope with the problem, the resources available in the community and the state of physical environment. Health beliefs are values and knowledge about health and the health care system that influence utilization and these include general attitudes towards medical care, physicians and disease.

Enabling factors, both personal and organizational, must be present for service utilization and these represent the actual ability of the individual to obtain health services. Personal enabling factors include income, health insurance, regular source of care, and travel and waiting times; organizational enabling factors include the availability of health care providers and their spatial distribution. The most immediate cause of health services utilization is need. This judgment about need can be made by the individual himself or family caregivers (perceived need) and can be estimated by a self-assessment of health status, symptoms experienced during a period of time, or number of symptoms during a period of time. Need can also be defined through a professional evaluation (evaluated need); for e.g. physician severity ratings for an episode of illness.

IV.) Andersen's model was also called as Kroeger's model

This model is based on extensive and well-elaborated literature revision, his framework as follows; Assets and social network interactions.



Talcott Parsons viewed medicine as society's strategy to keep its member healthy in this scheme; he talks about the people ability to perform their roles about health. Society responds to sickness not only by providing medical care but the behaviour which accepted by the society. According to Parsons, the sick role has three characteristics.

1.1) Illness departs people from routine responsibilities such as to work or to attending school and must go to the physician for consults before assuming the sick role.

1.2) A sick person must want to be well we observed that no one wants to be a sick but someone behave as sick to avoid responsibility or to get attention.

1.3) A sick must seek competent help people who are ill must go to the doctor and consult about their illness and must take the precautions.

1.4) A major part of the structural functional analysis of health is the sick role which departs the ill person from routine social responsibilities.

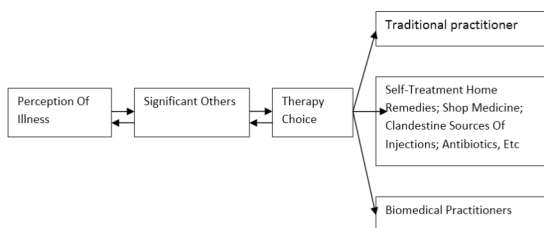
The symbolic interaction theory investigates how health and medical treatment are largely matters of social constructed a definitions. Social conflicts analysis focused on unequal distribution of health and medical care; here money is the main cause of better life.

Suchman was the first to use the pathway model to describe the steps of the process from identification of symptoms to the use of particular health care providing facilities. This model aims to identify a logical sequence of steps. It also analyses how social and cultural factors affects this sequence. This has been primarily an anthropological approach using qualitative methods of investigation.

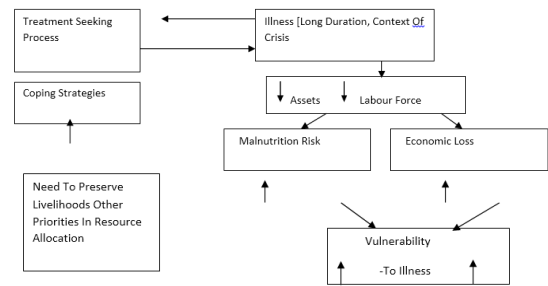
Febregu developed a theoretical method of illness behaviour which concentrates on the information that an individual might be expected to process during an illness episode. This approach is based on economics and elementary decision theory and the principle of cost benefit is used to evaluate the action. Since health seeking behaviour is a social process that involves individuals interaction with the social network it is crucial to look at the decision making process from this perspective.

V.) Pathway model

Pathway model stresses the importance of "significant others" and the decision making process. A concept elaborated by Jansen 1978 which is a key for understanding decision-making in therapeutic processes. In the course of the illness the involvement of support group management can successively change. Most of the studies which use pathway model investigate the path until the first contact a healthy facility



Pryer [1989] shows the tragic consequences of the vulnerability spirit. From the study of households, when the households fall ill family has to face certain problems like women and children have to go out for work, sold their livelihoods to buy medical, incomplete medical treatments. And if they want to satisfy these needs they have to go for loans, neighbours support, decreased food consumption etc. when women go out for job she will not get time for their children it causes in increasing the children's vulnerability for illness.



VI.) Theory of planned behaviour

The centrality of behavioural intention questions the classical model of belief, attitude, and behaviour. This theory determines that specific behaviour will be evaluated in specific consequences.

- Belief- personal motivation is to fulfil with the expectation of others.
- Attitude – specific behaviour will be evaluated on specific consequences.
- Behaviour – belief about access to the resources needed in order to act successfully. The key factor of this theory is the encouragement of feeling of self-control.

Conclusion

Scholars from different streams of economics, anthropology, epidemiology, public policy and management have explored the reasons behind utilization of healthcare services by an individual. Gender relations in society area also reflected in institutional patterns of health care system. By applying these theories, health behaviour of individuals can be studied in different dimensions. Researchers could extend theoretical research to explain client's engagement in behaviours for disease control. Health care professionals could use these explanations to design interventions to promote care-seeking behaviours. If explanations of care-seeking behaviour were supported empirically for one condition, and then these explanations could be tested in relation to care seeking for other health behaviour.

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