

Medical sociology: Health behavior

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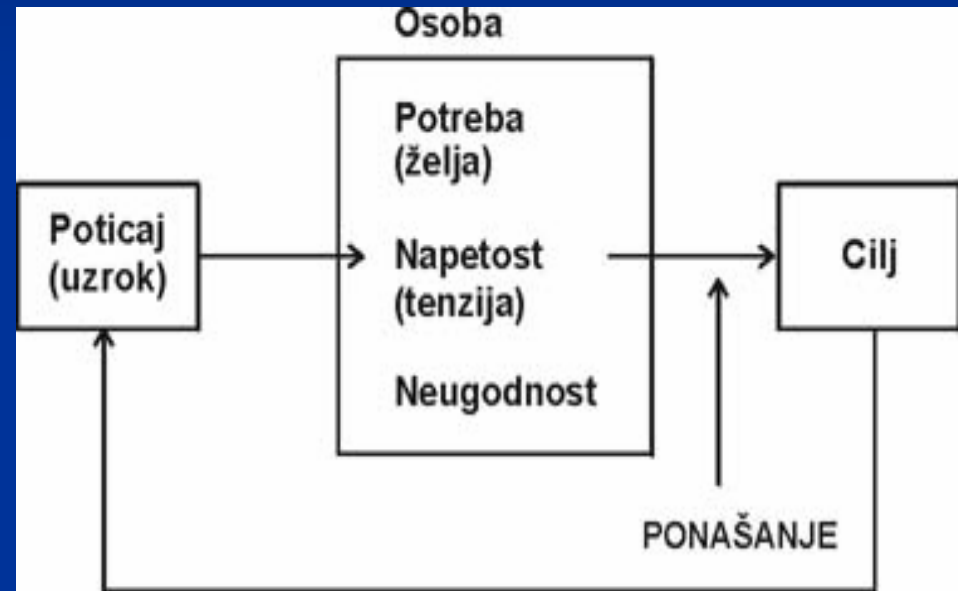
Definitions of basic forms of health behavior

- Health behavior - sociological, psychological and economic concept by which we express the forms of human behavior that are stimulated, motivated and associated with attempts made by individuals or community to improve their health, prevent illness, and diagnose and/or cure a disease or prevent death

- Forms of health behavior:
 - positive health behavior – healthy lifestyle
 - preventive health behavior
 - illness behavior or help-seeking behavior
 - the sick role
 - utilization of health care/services

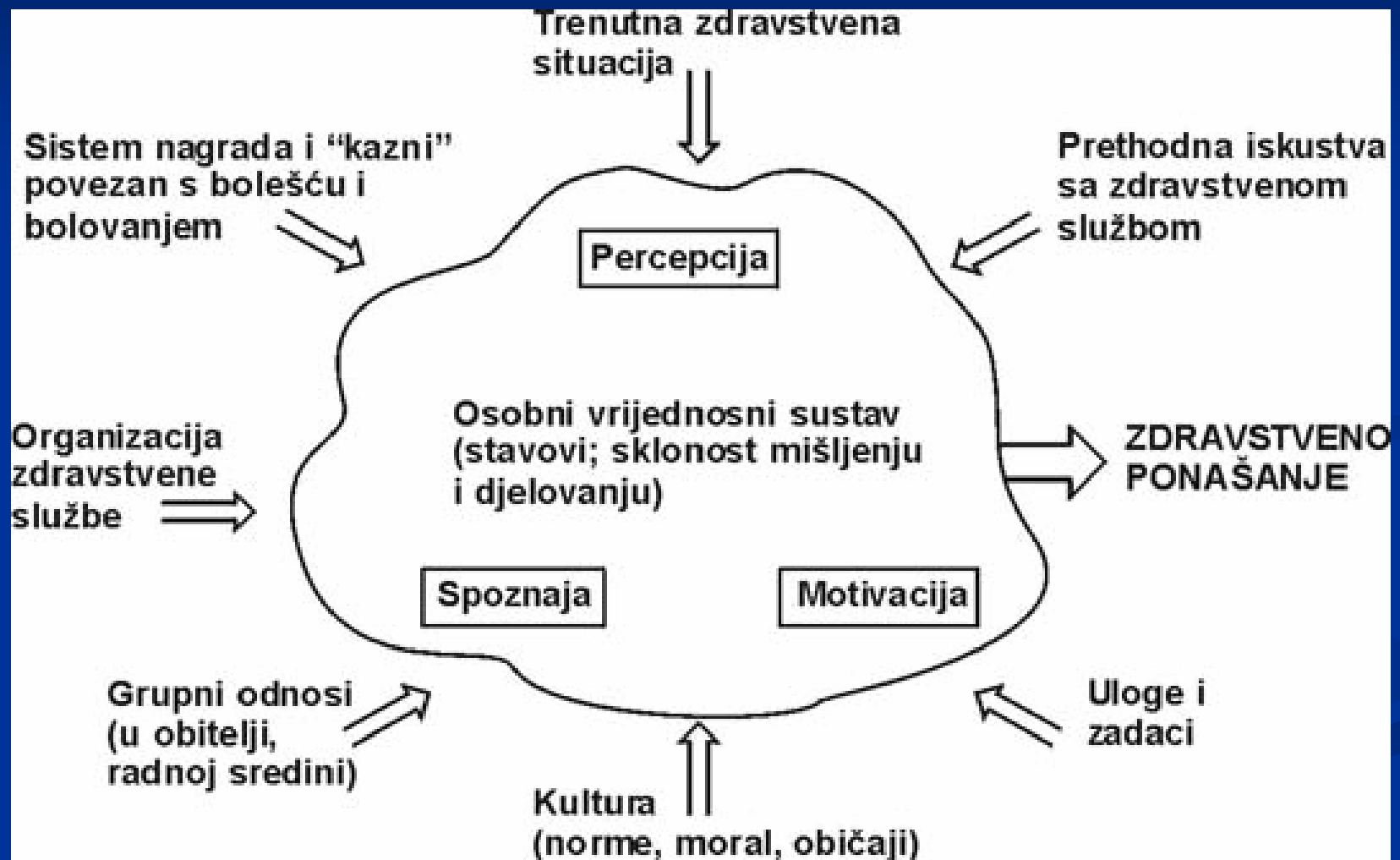
General theory of behavior

- Common characteristics determining a concrete behavior:
 - there is a stimulus (behavior is conditioned)
 - there is a motive (behavior is motivated)
 - there is a goal (behavior is conditioned by goal)
 - every behavior has certain personal characteristics determined by the individual's personality



- External factors affecting behavior – filtered through personal insight, perception and motivation of an individual: group pressures, available information, experience, roles...
- Concept of selective perception – choosing favorable and ignoring unfavorable information
- Difference in interpreting information among individuals
- Cognitive system of an individual – conditioned by a wide spectre of variables
- Differences in motivation among individuals

Factors of health behavior (Kast and Rosenzweig, 1979)



Theories of health behavior

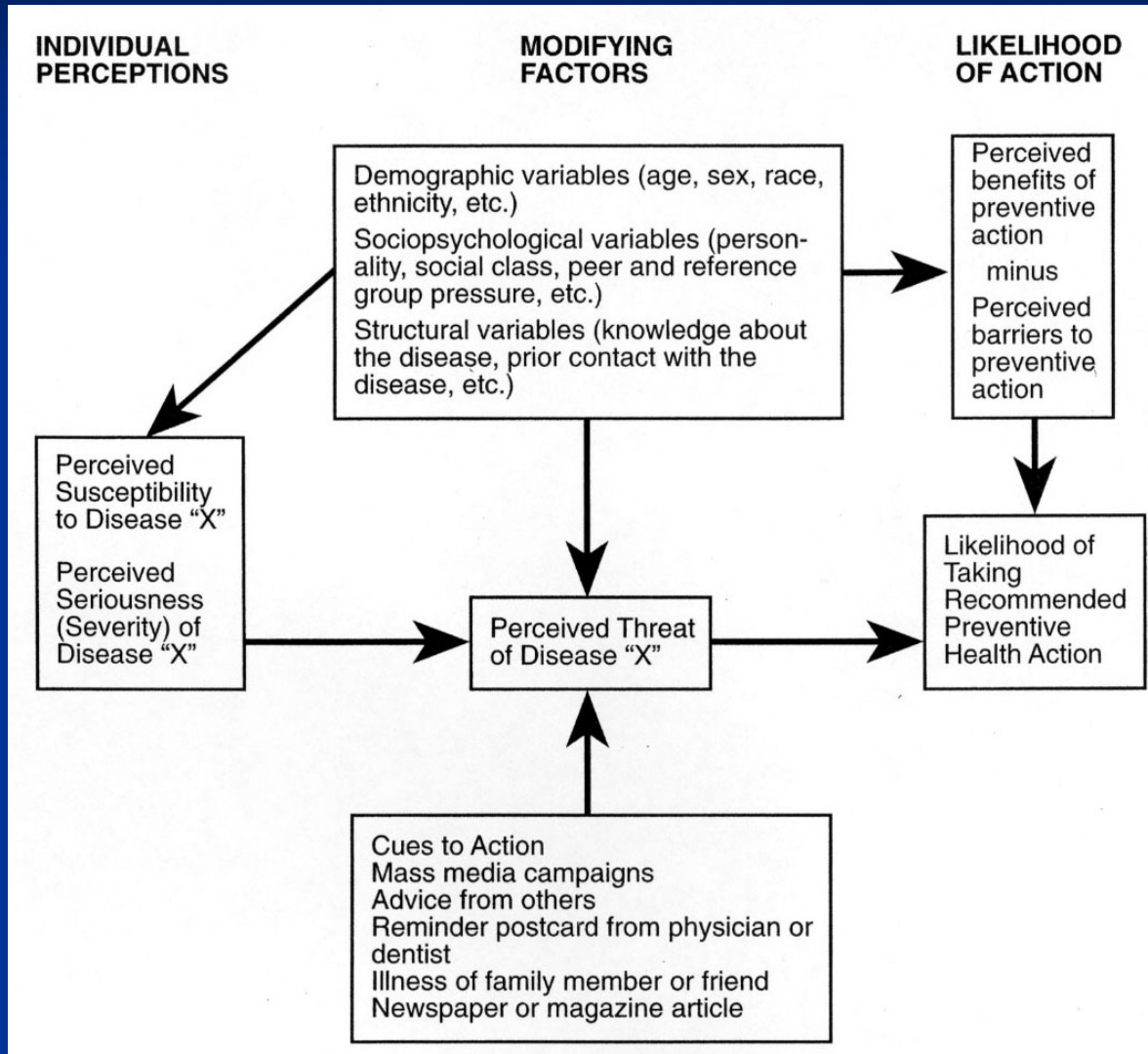
- Health Belief Model
- Mechanic's general theory of help-seeking
- Suchman's model of stages of illness experience
- Concept of sickness career
- Situational-adaptation model

1. Health Belief Model

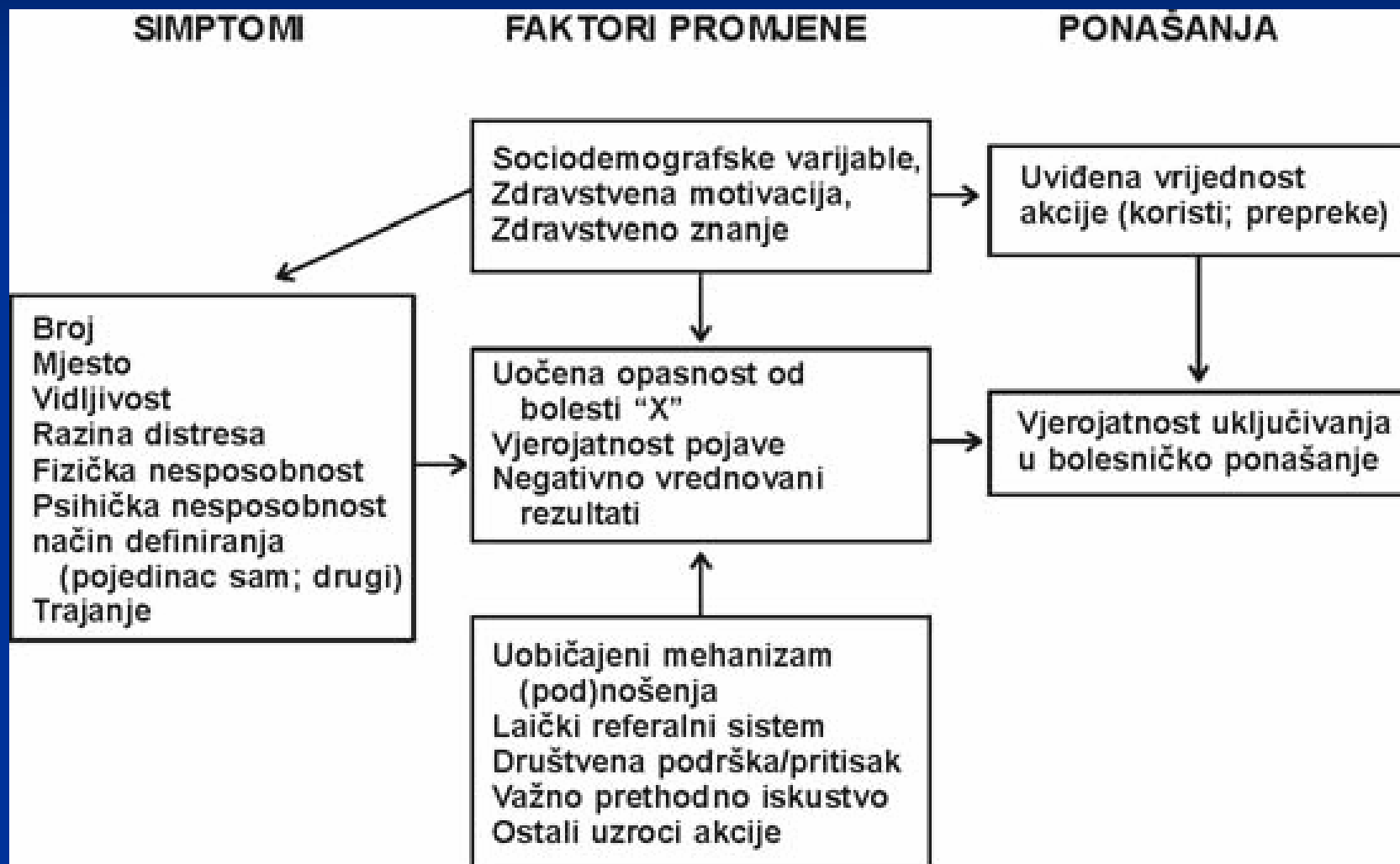
- an individual does not take any health action unless he/she has the minimum level of relevant health motivation and knowledge; unless he/she sees himself/herself as potentially susceptible person, and unless he/she does not see the benefit of health care
- components:
 - subjective state of 'readiness to take action'
 - individual assessment of intentional health behavior
 - there should be a 'trigger for action' to stimulate a certain health behavior

- health action taken by an individual depends on his/her perception of his/her personal susceptibility and whether an illness could have more severe personal implications
- assumption of this model - that the outcome of the action taken is reduced susceptibility to disease or, if a disease occurs, reduction of its severity
- this model showed great importance in analysis of preventive and/or positive health behavior; also applicable to analysis of illness behavior

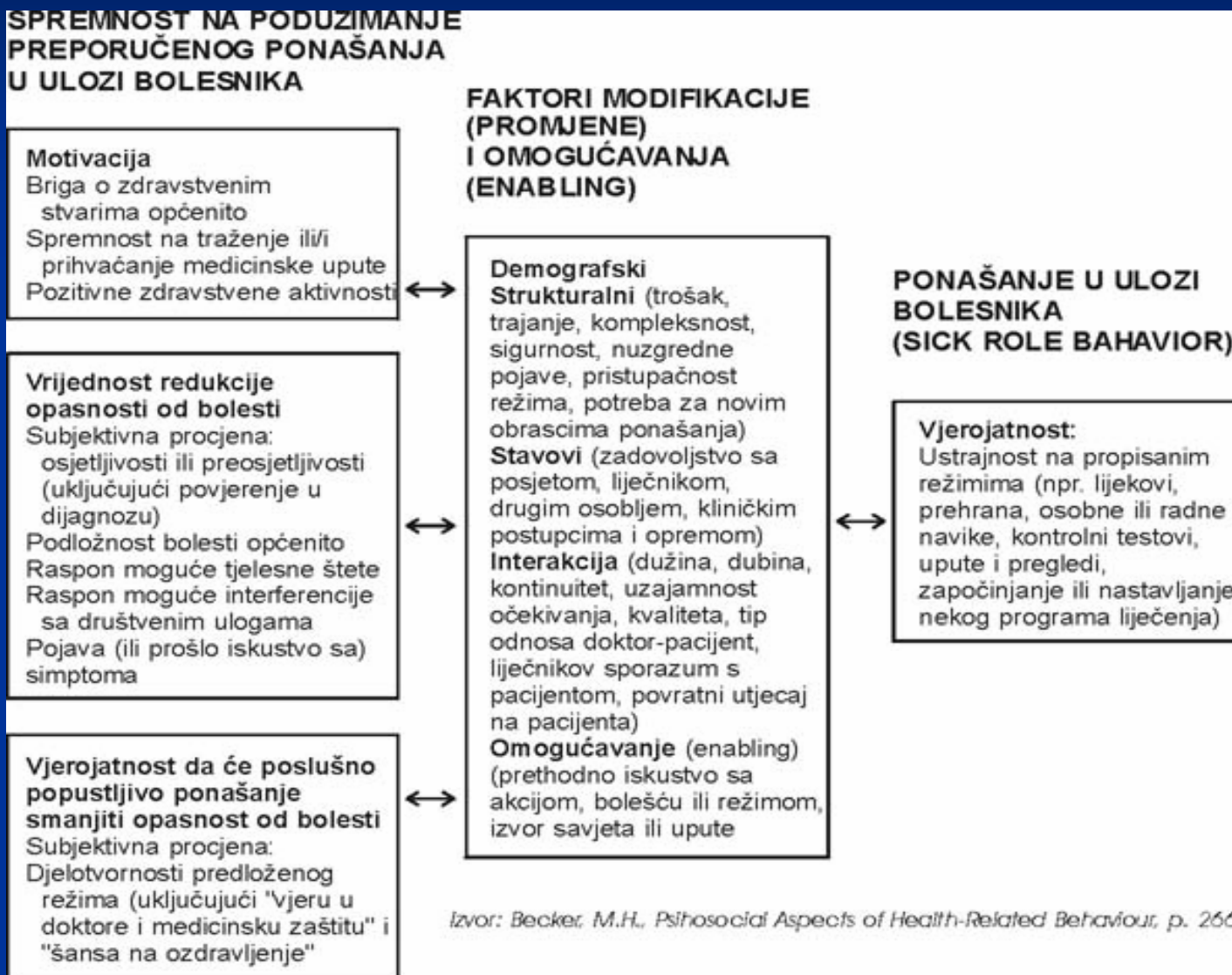
Health Belief Model (Becker and Maiman, 1975:12, 1985)



Health Belief Model adapted to explanation of illness behavior (Becker et al., 1979:263)



Health Belief Model adapted to explanation of illness behavior and sick role (Becker et al., 1979:266)



2. Mechanic's general theory of help-seeking

- Mechanic defines illness behavior as *'...any state that causes, or might cause, that an individual becomes concerned for his or her symptoms and seeks help'*
- Interest:
 - To explain variations in illness behavior
 - Behaviors of symptomatic individual and his/her significant other prior to seeking professional help

- Oriented towards two factors:
 - perception (definition) of health situation by a concrete individual and his/her significant other
 - ability of the individual (or his/her significant other) to take that situation
- Thesis: illness behavior is a culturally and socially learned response – formed through learning, socialization and past experience
- This model is suitable for predicting decisions made by an individual about contacting (or non-contacting) a physician but it does not explain the later stages of health behavior

Decision making on help-seeking

Determinants of illness behavior *	Categories of illness behavior determinants
Perception of symptoms	Visibility and recognition of symptoms
	Extent to which symptoms are perceived as dangerous
	Available information, knowledge, and cultural assumptions
Nature of symptoms	Extent to which symptoms disrupt family, work, and other social activities
	Frequency and persistence of symptoms
	Amount of tolerance for the symptoms
Interpretation of symptoms/signs	Basic needs that lead to denial
	Other needs competing with illness responses
	Competing interpretations that can be given to symptoms once they are recognized
Residual category	Psychological and financial costs (expressed in money, time and effort loss; costs related to social distance, stigma, and humiliation)

* Determinants of illness behavior occurring at two levels : (1) self-defined, and (2) other-defined
Source: Mechanic (1978, 1987, 1992)

3. Suchman's model of stages of illness experience

- Enables monitoring of all stages of illness behavior
- Reaction to illness consists of 5 stages:
 - symptom experience
 - assumption of the sick role
 - medical care contact
 - dependent-patient role
 - recovery and rehabilitation

- Stage 1: Symptom Experience - includes awareness of physical change; assessment of change related to severity; form of emotional reaction associated with assessment

Reaction:

- denial
- acceptance of symptoms and entering the second stage
- delay – individual cannot make the decision – waits for further development of symptoms

- Stage 2: Assumption of the Sick Role – decision on adaptation to the sick role; illness becomes a social phenomenon - the ill person seeks validation for sick role from other persons
 - other persons in lay referral system deny request for sick role
 - acceptance of illness and provisional sick role - leading to the third stage - medical care contact

- Stage 3: Medical Care Contact - ill person leaves lay remedies and enters the professional care system
 - physician denies confirmation of request for sick role - patient accepts - patient refuses ('shopping' phenomenon)
 - confirmation of illness – confirmation of request for sick role - entering the next stage - dependent-patient role

- Stage 4: Dependent-Patient Role – ill person makes decision on illness treatment and becomes a patient
 - patient resistance to treatment regimen – uncompliant patient – ‘shopping’
 - dependent patient strives insufficiently for recovery
 - patient and physician working together on recovery – gradual resuming of normal roles

- Stage 5: Recovery and Rehabilitation –
 - recovery – patient accepts normal activities
 - gradual recovery
 - recovery process - relinquishing sick role - chronic patients/malingersers
 - positive treatment outcome – patient joins the healthy

Stages of illness experience – decision-making process (Suchman, 1965; according to Wolinsky 1988:122)

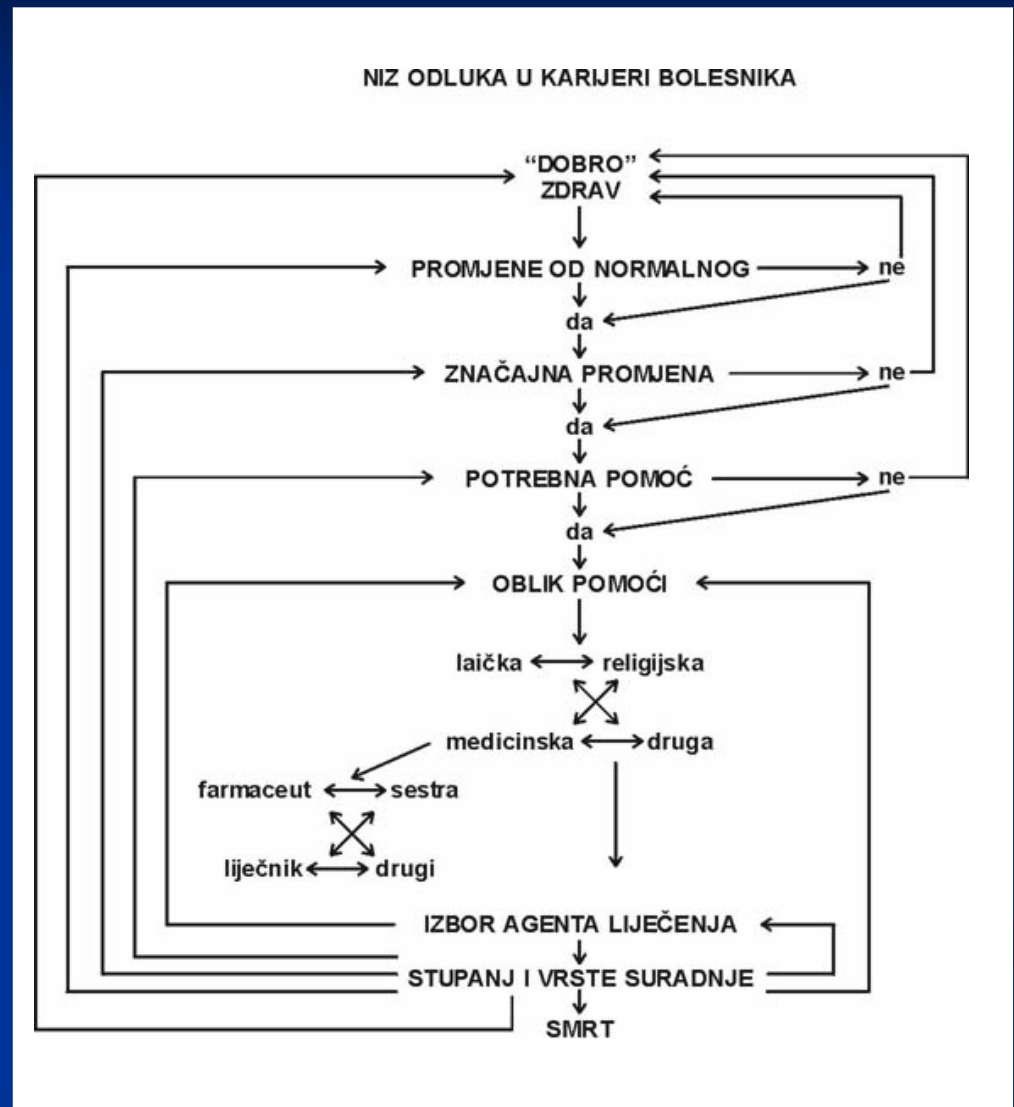
	Stage I— Symptom Experience	Stage II— Assumption of the Sick Role	Stage III— Medical Care Contact	Stage IV— Dependent- Patient Role	Stage V— Recovery and Rehabilitation
Decision	Something is wrong	Relinquish normal role	Seek professional advice	Accept professional treatment	Relinquish sick role
Behaviors	Application of folk medicine Self-medication	Request provisional validation for sick role from members of lay-referral system—continue lay medications	Seek authoritative legitimation for sick role—negotiate treatment procedures	Undergo treatment procedure for illness—follow regimen procedures	Resume normal roles
Outcomes	Denial (flight into health) ↓ Delay ↓ Acceptance →	Denial ← ↓ Acceptance →	Denial ← ↓ Shopping ↓ Confirmation →	Rejection ← ↓ Secondary gain ↓ Acceptance →	Refusal (chronic sick role) ↓ Malingering ↓ Acceptance →

4. Concept of sickness career

- Illness – disability - includes changes in social identity and behavior-related expectations
- Concept of career – status change – an individual moves from one social identity to the other
 - Total status sum = career
 - sick-leave, ageing, dying - specific careers
- Patient career - provisional statuses (social identities) and goal of sickness career depend on disease type, patient type, and social and cultural circumstances in which the sickness career develops

- Main decisions associated with change of social identities in sickness career:
 1. basic line of health state – different meanings of 'being healthy'
 2. decision that a change has occurred in relation to a normal, healthy state
 3. decision that a certain change is important (deviation from health) - assessment on symptom severity/seriousness dependent on:
 - extent to which symptoms pervade the normal activities; symptom clarity; tolerance threshold; understanding concrete symptoms; assumptions of cause, prognosis; interpersonal impact; other life crises

4. decision that help is needed
5. decision on form (type) of help needed
6. decision on visit to a certain agent of treatment
7. decision on type and degree of cooperation with the agent of treatment



■ 3 outcomes of sickness career:

■ Recovery

- all symptoms that initiated the treatment disappear
- there is no more probability of symptoms returning
- interruption of sickness career – acceptance of health role

■ Impairment – Disability

- at the end of sickness career, the ill person does not consider himself/herself ill any more but not completely healthy either
- persons with disability have the status of minority – could become objects of discrimination and stereotyping

■ Death

- outcome of sickness career but also inevitable for any human being

5. Situational-adaptation model (illness behavior by Angelo Alonzo)

- Thesis: each individual copes with 'multiple problems in multiple situations'
- 4 types of illness behavior: everyday, acute, chronic, and in life-threatening situations
- Everyday illness behavior
 - Concept of restraint
 - Notion of compromise role: 4 types of situations
 - Type 1: no symptoms and signs of disease
 - Type 2: potential symptoms and signs of disease, psychological or social distress (danger, pain) or injuries, presently or in the future

- Type 3: leisure time oriented towards symptoms and signs of disease
- Type 4: diagnostic, disease-oriented

➤ Acute illness behavior

- an individual observes reduction in his/her own ability to restraint symptoms and signs of disease in a series of situations
- an individual should increase the frequency and duration of type-3 situations ('action interruptions'), should stop participating in some situations, involvement in type-4 therapy situations

➤ Chronic illness behavior

- Adaptation - state of living 'less-than-normal' - with constant symptoms and signs of disease

- **Illness behavior in life-threatening situations**
 - Crisis of dealing with the disease

Dimensions of illness behavior	Types of illness behavior			
	Everyday	Acute	Chronic	Life-threatening situations
Primary process	Restraint	Coping	Adaptation	Handling crisis
Role relations	Compromise	Weak	Impaired	Anomic
Patient-physician relationship	indirect	guidance - cooperation	mutual participation	activity - passivity

Source: Alonzo, 1984:508.

Andersen's model of help-seeking for medical care

- 3 components:
 - Predisposition – sociodemographic variables, attitudes and beliefs about health care
 - Enabling factors – family income, health insurance coverage, availability of services, access to a regular source of care
 - Health needs – health status, disability or diagnosis – factors for seeking medical care
- This model successful in describing variance in health services utilization
- Does not explain why some processes are occurring