

Health Seeking Behaviour and the Indian Health System

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Introduction

Health, disease & socio cultural dimensions:

Health is influenced by an array of factors including social, environmental, genetic and a host of other factors. Current views of health and illness recognize health as more than absence of disease. The concept of 'health seeking behavior' has gained popularity in recent years as an important tool for exploring and understanding patient preferences, strategies people use to decide which option to use at which stage of illness, delays in diagnosis and actions across a variety of health conditions.^(1,3)

What is 'Health seeking behavior'?

Health seeking behavior is a term which is used to explain the pattern of health care utilization among any population group and the sequence of remedial actions that individuals take in order to rectify perceived ill health.^[1] Public health specialists have used health seeking behavior for health as well as illness behavior. Health behaviors are diverse and complex. We may think that telling people that their health behavior is risky or telling them that they are at risk or emphasizing that when ill the best way to respond is to seek help from a trained professional doctor in a formal health care setting will result in people changing their behavior. But changing health behavior is not that simple.

To change or modify risky health behaviors and to achieve desired public health outcome in different settings we can begin by understanding factors that influence, contribute, cause, precede and motivate health seeking behavior needs.

Understanding the importance of health seeking behavior

There can be two ways to understand health seeking behavior. First understanding health seeking behavior by emphasizing the 'end point' which is utilization of health care systems or health care seeking behavior and second by emphasizing the 'process' that is the process or cycle or activities to illness response or health seeking behavior.⁽²⁾

Health care seeking behavior

This approach is useful for assessing the population needs for health care and in planning and evaluating health programs. In many studies it was found that the decision to engage in a particular type of medical system is often influenced by a variety of factors. Some of these are age, sex, social status of the women, types of illness, access to services, perceived quality of

services, economic status etc. Often in Indian context it is seen that most of the times depending on the type of illness, people will choose traditional healers, faith healers or non-qualified practitioners above the formally trained doctors. Further some groups will wander between practitioners rather than seek care from one provider.

Health seeking behavior

This approach looks at health seeking behavior in a more general way. The factors which enable or prevent people from making healthy choices fall under this. Understanding health behavior requires knowledge of the environment context in which the behavior occurs. Factors like emotional, cognitive, social and environmental may affect the health seeking behavior of an individual. The perceived threat of a disease severity or disease susceptibility is important in influencing the health behavior of a person. For example the belief that one might not be susceptible to cervical cancer is linked with the uptake of screening test for cervical cancer. When an individual makes a decision about their health, they weigh various risks and benefits associated with that behavior. For some it might be the costs not only economic but social as well that influences his/her decision for adopting a particular health behavior. For others various cultural factors or lifestyle factors might be more important.

Most of the health seeking behaviors can be classified into the following categories: preventive behaviors, illness behaviors and sick role behaviors.⁽¹⁾ This categorization is based on extensive anthropological studies which are meant for better understanding.

Preventive behaviors: Preventive behaviors include all those health related behaviors or activities that a healthy person adapts which are intended to maintain his health. These behaviors mostly fall in the category of primary prevention as per the concept of epidemiology. Regular morning walk, wearing helmet, getting a mammogram done are some of the examples of this category.

Illness behaviours: Behaviours undertaken by a person to perceive the nature of his health problem in order to get control over it are classified as illness behaviours. Seeking advice from friends, relatives, or health magazine regarding treatment of a particular disease could be one example.

Sick role behaviours: When a person is diagnosed with a disease, his behaviors to get cured fall under the

category of sick role behaviours. Examples of sick role behaviours include adherence to the treatment plan, maintaining the prescribed diet, consulting specialists even doctor shopping.

How do individuals make health related decisions?

When an individual makes a decision (health related) it could be to a large extent based on cost benefit analysis based not only on economic terms but also on social terms. For example consider the case of a woman who feels her male partner may be affected with sexually transmitted disease (STD) but they do not use condom. She may think about asking the male partner to use condom so as to reduce her chances of getting STD and to get relief from her anxiety. These benefits may be clear to her. But she might imagine the cost of asking the male partner to use condom might lead to an end of the relationship which will affect her social status or her image amongst her social circle. Thus depending on her analysis of cost benefit of the behavior change she might take a decision either not to ask her male partner to use condom or insist on condom use.

Health systems -A look back in time

To forge ahead we must know the past. The art of healing began thousands of years ago. Even in the simplest of societies the primitive man had role specialization in the activities of healing the sick and distressed. Medicine in the earliest time was intermingled with religion, magic and the healers were respected community leaders who specialized in management of all kind of human misfortune. Thus healing was tightly integrated with culture and religion. In India medicine got an early start in about 1000 B.C. Even before the medical knowledge was codified into medical texts of Ayurveda, Siddha, etc there were abundant knowledge about the art of healing which was practiced by local people from all sections of society who lived and worked in close relation with the environment. Gradually due to complexity of societies different healers roles evolved like the Traditional birth attendants, herbalist, bonesetters etc.

In modern societies for a long time the 'family physician' held a prominent role. This physician remained close to the community, providing not only care for all types of illness but advising and counseling on various life decisions. Over time role specialization took prominence with the increasing importance and patronage being given to Western medicine leading to too many specializations to handle different types of diseases. A disconnect developed between the system and the people.

Determinants of Health care and Health seeking behaviours

Health seeking behaviours and Health care seeking behaviours are multifactorial and determined by several factors like:

Socio cultural, socio-economic, gender, role of family, caste, religion, availability, accessibility,

acceptability of health systems, social stigma, individual perception, etc. Let's look at each of them individually.⁽³⁾

Socio-cultural determinants

Scio-cultural determinant of health seeking behaviours is very complex. Health seeking behaviour of an individual is strongly influenced by socio-cultural beliefs and practices. Perception of illness is strongly influenced by socio-cultural practices. For example in various Indian sub populations' mothers believe that childhood illness like epilepsy is due to a supernatural phenomenon or evil's eye. Mothers usually take their children to the priest, Ojhas or some other person who does not belong to any professional system of medicine. In this way most of the time the actual treatment is delayed and complications arises which are again believed to be a supernatural consequence. A few mothers take professional advice as last resort, which may be due to some other influence. Several Indian families are reluctant to accept the diagnosis and treatment of mental illness because it severely increases the chances of other members of the family getting socially excluded. Several cultures view illness as God's will or divine punishment brought about by previous or current sinful behaviors. Cultural differences influence the attitude of patients towards understanding the illness, managing the course of an illness, perceiving the meaning of a diagnosis, and the consequences of medical treatment. Patients and their families have culturally influenced ideas and values related to the concepts of health, illness, sickness, expectations about health care systems, medication and treatments, and consequences. Culture specific beliefs also influence the dire consequence like death. For example some populations believe in re-incarnation and they accept death in fatal diseases more easily than others. All cultures have systems of health beliefs to explain what causes illness, how it can be cured or treated, and who should be involved in the process.

Fear also can be a great motivator for change in health behavior. But fear appeals may work sometimes and at other times they don't because fear is relative. One person may not be afraid of the possibility of getting STD following unprotected sex, whereas another person may view STD as the worst thing that could happen to him.

Behavior change will occur only when sufficient benefits are there after removing the costs of performing that behavior. Because people are unlikely to act in the absence of a clear expected gain and understanding this is essential for design of public health interventions.

Socio-economic determinants

Health seeking behaviours are strongly influenced by socio-economic status of an individual. For example behaviour like filtration of drinking water may be done by a RO filter or simple candle filter, or by simple home technique. Boiling of drinking water seems to be

very simple but very complex for someone who has not resource to have fire source or a pot. Sometimes in some cultures mothers give some traditionally followed home based remedies for common cold to their children. If those remedies don't work then they (mothers) take their children to hospital. This is another way of saving money because it may not be feasible to visit hospital every time when children fall sick. Thus a person seeks treatment from a bonesetter, traditional healer or a professional person under the influence of socio-economic condition along with his cultural beliefs.

Gender & role of family

Gender plays a very important role in influencing the health seeking behaviours. In Indian societies women are often characterized as special subgroup population and discriminated. This social discrimination is resulting in a narrow access to the health system. This is further influenced by patriarchal societal norms, socio-cultural beliefs, socio-economic status and beliefs of inequality. Women of all ages face the challenges to maintain health. This problem can be better understood from the following scenario-

In various Indian societies certain gynecological problems like vaginal discharge are often considered as due to unhygienic condition or due to the affect of certain diet. Often women get health advice from elderly person (e.g. mother in law) or some folk healers. Sometimes they are in a dilemma of seeking treatment from a nearby hospital where a male doctor is serving or some other staff of same village who may leak out the confidential information(s).

Caste

Caste is a social category to which a person belongs involuntarily (by birth) that is one's social status is ascribed.^[6] Caste system is a social structure in which people belong to such categories. Indian societies are strongly influenced by caste system. A strong social exclusionary behaviour is practiced towards the people of lower caste which limits their access to health system to a large extent. Thus a diseased person belonging to lower caste hesitates to go for treatment from a hospital where usually upper class people visit, and may be negligent towards the disease condition or seek help from others say folk healers and non-professionals.

Religion

As defined by anthropologist religion is a cultural system of behaviours and practices, world views, sacred texts, holy places, ethics and societal organization that relate humanity to "an order of existence".⁽⁷⁾ Religious practices may include rituals, sermons, festivals, sacrifices, feasts, initiations, meditation, prayer, social work and many more. Indian societies are highly influenced by religious beliefs. Religion has very complex relationship with health seeking behaviours. Many studies concluded that religious thoughts reduce stress in believers. Religion helps to regulate behaviour and health habits, for example smoking and alcohol

consumption. Religious practices like meditation, private prayer help to regulate emotions, reduces stress which ultimately regulate some physiological process like blood pressure and sleep cycle. But sometimes when diseases with unknown causes are thought to be due to supernatural origin, such beliefs strongly influences people's health seeking behaviour. In some cultures, when mothers believe that their children are bewitched rather than accepting the actual cause of disease, they usually visit the faith healers or perform some rituals. Thus religion exerts both positive and negative influence on health seeking behaviours.

Availability, accessibility & acceptability of health system

Availability is one of the major determinants of health seeking behaviour. A person always tries to seek health care from the available sources. Availability of multiple sources of health care facilities gives an opportunity to choose one amongst those. Further a health care system must be accessible also. In rural areas of our country accessibility is a huge problem and a major determinant for care seeking. Some rural populations are so isolated that they have to travel hours after hours through difficult areas (dense forest, river etc) to reach the primary health care facility. Again this problem is more compounded by the availability of care givers in the facility. All these factor together influence one's attitude towards a particular health care facility. Availability doesn't merely mean absence. Availability can be seen from other perspective also. A super specialist doctor may be available in a city but not for a particular patient who has got his appointment after a month due to long waiting list of patients. A particular health care facility which is available and accessible but it may not be acceptable. A diseased person may not prefer to visit a nearby easily accessible health care facility whose doctor prescribes some investigations prior to starting treatments which are beyond his (the diseased person's) understanding or the doctor speaks some other language. In this way an available & accessible health care facility becomes unavailable to a particular person.

Social stigma

Social stigma refers to a strong feeling of disapproval that most people in a society have about something.⁽⁶⁾ Stigma may then be affixed to such a person or group by the society, who differs from their cultural norms. The person who has been stigmatized feels different and devalued by others. This can happen in public place, workplace, and educational settings and even in health care systems. Stigma not only affects the behaviours of those who are stigmatized but influences their attitudes & beliefs. Stigma threatens social identity of a person or a group. Perceived stigma along with lack of awareness may lead to late presentation and detection of diseases. This is very well documented in diseases like mental illness, tuberculosis, HIV and other sexually transmitted diseases, leprosy, sexual

dysfunction, gynecological illness etc. For example many people with certain mental disease fail to pursue care or continue treatment due to stigma. Women who perceive stigma are having a tendency to seek out private services and practice self medication before seeking care at public service for certain gynecological illness. Stigma is a kind of cultural norm that affects and influences a diseased person and his health seeking behaviours.

Individual perception

Individual's perception of illness strongly influences one's health seeking behaviour. For example an overweight person who doesn't perceive himself to be overweight or doesn't perceive the severity or consequences of the condition, will not be interested in certain behaviour change like avoiding junk food. Similarly if someone doesn't perceive the risk of riding bicycle without helmet, he will not wear helmet. But the same person may wear helmet while riding a motorcycle due to perceived severity of consequences. Greater the perception of illness (in terms of susceptibility & severity) higher is the influence on health seeking behaviour. In a similar way perception of benefit also influence one's behaviour. A person should understand how much he will be benefitted if he adapts certain health promoting behaviour or avoids certain harmful habits. Avoiding alcohol or brushing teeth after dinner may not show an immediate affect but one must understand the long term benefit to overcome the conflict/barrier to start & continue the action(s.) This is individual's perception which stimulates one to get blood cholesterol level check-up or to start meditation.

Health seeking behavior in context of the Indian health system

Medical System is a part of culture system. As described by Kleinman (1980) health system includes patterns of belief about the causes of illness, norms of governing choice and evaluation of treatment, socially-legitimated statuses, roles, power relationships, interaction settings and institutions. India is huge country. Indian Health system consists of various systems like ethnic medical traditions, quack practices, local healer, herbalist, bone setters, spiritual healers, self care practices, western etc. This multiplicity of health systems with more than one culture/ethnic group, more than one medical tradition, where one system can influence the other and where addition of new tradition is accepted is described by the sociologist as medical pluralism. There may be Hierarchy in tradition- power and prestige. The professional health care system of India composed of Western system & AYUSH system. AYUSH is the acronym for Ayurveda, Yoga, Unani, Siddha & Homeopathy. Sowa-Rigpa (the Tibetan traditional medicine) is also included in AYUSH system of medicine.

The Indian health care system is a mix of traditional health system, folk healers, professional

physicians and non-qualified practitioners. Although the Western medicine has become dominant system of care, the presence of Medical pluralism cannot be ignored. Unani, Sidha, Sowa rigpa, Ayurveda has been practiced in the subcontinent since ages and are a part and parcel of Indian culture. The folk or tribal healers who practice medicine in close relation with the community and environment where they live and practice medicine are held in high esteem in their respective communities. The description of these traditional health systems being 'complementary' or 'alternative' is primarily political or economic and not based on their roles.

Many studies have shown the acceptance and preference for the alternative systems of health care. The type of health care system sought will depend on not only the type of illness but also on the severity of illness. For example in women suffering from abnormal vaginal discharge the presence of female health care provider and privacy are the key factors in determining the use of health care services. In many chronic cases such as asthma, skin diseases people often will seek traditional treatments over allopathic as these are perceived to be more effective in control of these conditions.

Thus in context of health system of India, because of their diversity, flexibility, easy accessibility and acceptance along with low cost the traditional health systems can contribute towards achieving the public health goals.

An example of successful integration of traditional healing systems that exists in the culture of a society could be that of the Caribbean island of Cuba. It has become world class medical powerhouse with limited resources. It has got a life expectancy of 76 years, lowest HIV/AIDS rates, high levels of vaccination and same Infant mortality rates and maternal mortality rates as that of the United States of America.

It is said that "Cuban doctors know their patients by knowing their patients communities." Cuba focuses on preventing people from getting diseased by focusing on preventive medicine, acknowledging traditional wisdom and integrating traditional healing cultures, doctors being part of the communities where they work and focusing medical studies of biological, psychological and social aspects of medicine.⁽⁷⁾

Taking cues from the Cuban healthcare system, India can set an example of successful public healthcare system by a commitment to prevention and by careful management of its medical resources.

Health seeking behaviour and Indian Health System

Behavior is a dynamic process. This is a response to a stimulus⁽⁸⁾. Varying behaviors rooted in the varying degree of causative factors. As the health seeking behaviours varies largely, studying and understanding of these behaviors gives us a tool to understand how populations engage themselves with the health systems, rather than an individual's

engagement with the same. People accessing different medical systems and treatments at the same time are often driven by cost and access. Sometimes the medical system (of referrals, of watchful waiting) isn't understood or utilized well. A health facility may not be visible for a stigmatized person or group. There may be a mixed appreciation for cultural beliefs, some of which may be regarded as superstition but a simple prevention strategy will probably fail if it is not culturally accepted by a particular subgroup. With the medical pluralism of Indian health systems, a person always has options to choose one amongst different systems depending upon his culture, beliefs, cost, availability, accessibility, type of care expected and various other factors.

The health of a tribal subpopulation can be improved by appointing a tribal health care staff. Harmful practices (e.g. prelacteal feeding practice) should be dealt tactfully without hampering the dignity of any culture. A huge country like India where great diversity exists in health seeking behaviors, we must admit that one system of medicine cannot play a dominant role. For example if a particular subgroup doesn't adhere with western medicine, it is more feasible to open an Ayurvedic/Traditional medicine clinic rather than attempting to change their attitude towards western system of medicine.

Conclusion

Health seeking behavior is not a one off isolated event. It is a dynamic process evolving through stages of self evaluation of symptoms, self treatment, seeking advice from family and social networks and seeking advice from professional sector. It is a part of an individual's identity, experience, and is a mix of various social, cultural, personal and environmental factors.^[2] For understanding health seeking behavior we have to focus on a person's decision making within a given social and cultural context. Every community has its own inherited health beliefs, norms, values, practices concerning various health issues and health systems. And the process of responding to illness or seeking care might involve multiple steps.

A person's decision to choose a particular health care system, facility or behavior is the composite result of personal needs, social factors, actions of health care providers, location of healthcare services and cannot be contributed alone to a single social or cultural, economic or environmental factor.

So before attempting to modify health behavior an understanding of the determinants of the behavior, the nature of the behavior and the motivation for that behavior is essential. Health care seeking behavior and local knowledge and practices should be taken into serious consideration in public health programs and interventions to promote health in variety of contexts.

In context of diseases understanding the health seeking behavior can reduce delays in diagnosis, improved compliance to treatment and improved health

outcomes. In context of public health programs and interventions it might lead to adoption of health care interventions which are appropriate and relevant to the real needs of the people and the socio cultural environment of the community. In the context of Indian health system traditional healers need to be recognized as the main providers of care in relation to certain health conditions and individual preferences could be incorporated into a responsive and sensitive health care system.

Thus we can conclude that understanding health seeking behavior is the first and most important step in effecting change in public health scenario in a positive direction.

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