CHAPTER II

REVIEW OF THE RELEVANT LITERATURE

In order to give some background information to aid in the understanding of health-seeking behaviours, this chapter is divided into three parts. The first provides an overview of what health seeking behaviours is. The second part describes the prevailing theories of health-seeking behaviors. Following this, the chapter provides some empirical evidence from other studies.

2.1 Health seeking behaviour

Health seeking behaviour is part of a wider concept, health behaviour. Health behaviour includes all those behaviours associated with establishing and retaining a healthy state, plus aspects of dealing with any departure from that state. For the purposes of planning health programmes it is generally health seeking behaviour which is of interest, more specifically the use of modern health care facilities. In addressing this aspect it is important to recognise that this behaviour does not exist in a vacuum, but is part of wider health behaviour. Successful interventions will depend on their acceptability and accessibility, both of which relate to broader social factors than simply decisions about "going to the doctor" (GPA/WHO, 1995).

The concept of studying health seeking behaviours has evolved with the course of time and has ultimately become a tool for understanding how people employ the health care systems in their respective socio-cultural, economic and demographic circumstances. All these behaviours actually define social position of

health and provide a better understanding of the disease process. It is therefore imperative to study the impacts of all the determinants, such as ethnicity, education, gender, or economics of a community. All the same, biomedical knowledge alone cannot guarantee better health. Health practitioners, managers and policy makers ought to reflect on social determinants while delivering services, designing health promotion interventions and developing policies. To build a responsive health system, there is a strong need to understand the health seeking behaviours on the demand side and that is the only way to expect improved health outcomes (Babar T. Shaikh, 2008).

2.2 Health seeking behaviour models

In public health, probably the most utilised models fot health seeking behaviour are the Health Belief Model, the Theory of Reasoned Action and its later development to the Theory of Planned Behaviour, the pathway models the Health Care Utilization or Socio-Behavioural Model by Andersen and its variant elaborated by Kroeger. All models contain associations of variables which are considered relevant for explaining or predicting health-seeking behaviours. The mainly statistical data obtained using these models permit the evaluation of the relative weight of different factors in health behaviour (use of preventive or therapeutic measures, choice between different health resources, and non-compliance with treatment, or the consequences of behaviour for delayed care seeking). The principal objective is to identify problematic areas in order to intervene with specific health system strategies.

2.2.1 The health belief model (HBM)

This is possibly the most known model in public health, and also the oldest one from social psychology, developed in the 1950s. Actions in the HBM are guided by:

(1) Beliefs about the impact of illness and its consequences (threat perception) which depend on:

- Perceived susceptibility, or the beliefs about how vulnerable a person considers him or herself in relation to a certain illness or health problem.
- Perceived severity of illness or health problems and its consequences;

(2) Health motivation or readiness to be concerned about health matters. (This factor has been included later in the HBM, in the 1970s).

(3) Beliefs about the consequences of health practices and about the possibilities and the effort to put them into practice. The behavioural evaluation depends on:

- Perceived benefits of preventive or therapeutic health practices;
- Perceived barriers, both material and psychological (for example 'will-power'), with regard to a certain health practice.

(4) Cues to action, which includes different, internal and external factors, which influence action. For example, the nature and intensity (organic and symbolic) 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 the psychological characteristics of the interviewed person (personality, peer group pressure etc).

2.2.2 The theory of reasoned action and the theory of planned behaviour

The Theory of Planned Behaviour (TPB, Ajzen(1988,1991)) is an extension of the earlier Theory of Reasoned Action (TRA, Fishbein & Ajzen (1975, 1980)). Both have been developed and amply used in HIV/AIDS research. They centre on factors which lead to a specific intention to act, or Behavioural Intention. In the TPB, Behavioural Intention is determined by:

(1) Attitudes towards behaviour, determined by the belief that a specific behaviour will have a concrete consequence and the evaluation or valorisation of this consequence.

(2) Subjective norms, or the belief in whether other relevant persons will approve one's behaviour, plus the personal motivation to fulfil with the expectations of others.

(3) Perceived behavioural control, determined by the belief about access to the resources needed in order to act successfully, plus the perceived success of these resources (information, abilities, skills, dependence or independence from others, barriers, opportunities etc.)

(4) Socio-demographic variables and personality traits which condition attitudes, subjective norms and perceived behavioural control. These are the same as in the HBM.

The advantages of the TPB are clearly the taking into account of motivational aspects of personal disease control and the influence of social networks and peer pressure. The limitations are a potential overemphasis on these psychological factors,while under-valuing structural factors like limited access or availability of resources.

2.2.3 Pathway models

They describe the steps of the process from recognition of symptoms to the use of different health services (home treatment, traditional healer, biomedical facility). This method attempts to identify a logical sequence of steps, and looks at social and cultural factors which affect this sequence. This has been primarily and anthropological approach, with qualitative methods of investigation (GPA/WHO, 1995). The strength of pathway models is that they depict health seeking as a dynamic process. Factors are sequentially organized, according to the different key steps (i.e. recognition of symptoms, decision making, medical encounter, evaluation of outcomes, re-interpretation of illness) which determine the course of the therapy path (Hausmann-Muela, Ribera, & Nyamongo, 2003).

2.2.4 The health care utilization model

The socio-behavioural or Andersen model (Andersen & Newman, 1973) groups in a logic sequence three clusters or categories of factors (predisposing, enabling and need factors) which can influence health behaviour. The model was specifically developed to investigate the use of biomedical health services. Later versions have extended the model to include other health care sectors, i.e. traditional medicine and domestic treatments (Weller, Ruebush II, & Klein, 1997).

Examples of the factors organised in the categories of the Health Care Utilisation Model are:

(1) Predisposing factors: age, gender, religion, global health assessment, prior experiences with illness, formal education, general attitudes towards health services, knowledge about the illness etc.

(2) Enabling factors: availability of services, financial resources to purchase services, health insurance, social network support etc.

(3) Need factors: perception of severity, total number of sick days for a reported illness, total number of days in bed, days missed from work or school, help from outside for caring etc.

(4) Treatment actions: home remedies (herbal, pharmaceuticals), pharmacy, over the counter drugs from shops, injectionists, traditional healers, private medical facilities, public health services etc.

The model centres specifically on treatment selection. It includes both material and structural factors, which are barely taken into account in the social psychology models.

Andersen's model has been modified in the International Collaborative Study on Health Care (Kohn, White, & Organization., 1976). In addition to the predisposing factors and enabling factors, this version includes Health Service System factors, referring to the structure of the health care system and its link to a country's social and political macro-system. This is a valuable extension as it puts emphasis on the link of health-seeking behaviour with structural levels within a macro-political and economic context. However, the model omits the 'need factors' which are central for understanding health-seeking behaviour (Weller, et al., 1997). The advantage of socio-behavioural models is the variety of the factors which are organised in categories, making interventions on therapeutic actions (or lack of actions) feasible.

2.2.5 Kroger's model

A further variant of Andersen's model was elaborated by Kroeger (Kroeger, 1983). Based on a extensive and well-elaborated literature revision, he proposed the following framework.

(1) An individual's characteristics or predisposing factors: age, sex, marital status, status in the household, household size, ethnic group, degree of cultural adaptation, formal education, occupation, assets (land, livestock, cash, income), social network interactions.

(2) Characteristics of the disorder and their perception: chronic or acute, severe or trivial, aetiological model, expected benefits or treatment (modern versus traditional), psychosomatic versus somatic disorders.

(3) Characteristics of the service (health service system factors and enabling factors): accessibility, appeal (opinions and attitudes towards traditional and modern healers), acceptability, quality, communication, costs.

(4) The interaction of these factors guides the election of health care resources (dependent variables).

Many theoretical frameworks have been presented in the literature on health-seeking behaviour, but the approach of Kroeger in his research on the study of health-seeking behaviours, provides the most holistic framework for examining, analyzing and interpreting factors and determinants of health-seeking behaviours and health services utilization particularly in developing countries (Babar T. Shaikh, David, Hatcher, & Azam, 2008).

In this study, Kroeger's model is used with some modifications to be compatible with Myanmar migrants' situation.

2.3 Empirical evidence from other studies : Identifying factors related to health seeking behaviours

Today, there is ample literature and evidence available to justify studying health-seeking behaviours for designing advocacy campaigns, lobbying for a policy shift and convincing donors to invest in priority areas (Trivedi, 2000). Understanding the main determinants of health seeking behavior can be vital in furthering our knowledge of how changes in government policy will impact on individuals.

2.3.1 Individual characteristics and health seeking behaviour

Age

A study done in Lao-Thai border (Phangmanixay, 2000) showed that age is significantly associated with health seeking behaviour. Moreover a study on the effect of different socio-demographic factors on different aspects of treatment seeking behavior among chest symptomatics in Nothern India (Grover, Kumar, & Jindal, 2006) stated that treatment seeking from a health care agency was signifcantly more common among 46-65 year olds (72.7%) compared to 15-30 and 31-45 years age groups (55.8%, 65.5% respectively).

However no major difference was found out in health seeking behaviour between the elderly and the younger adults in one study done in Bangladesh (Ahmed, 2005) .

Gender

Studies in gender and health-seeking behaviour mainly centre on the differences in access to health care between men and women due to gender inequalities. To a higher or lesser extent, inequalities exist in all societies and social

classes, but in developing countries and among the poor, they are assumed to have more negative impact on women's health (Hausmann-Muela, et al., 2003). The Technical Paper on Gender and Health (World Health Organization, 1997) proposes a series of further factors which need to be taken into account in health-seeking behaviour studies as well as in elaborating gender sensitive health system responses.

On the other hand, not being able to overtly show pain or emotions, such as fear about an illness, hinders men from feeling psychological relief as well as manifesting it in the medical encounter. Other typical problems are that men attend doctors late so as not show their weaknesses, or do not comply with health advice that implies a change in habits if they are considered 'feminised' (Fosu, 1994)

Ethnicity

Ahmed (2005) investigated in his study, the health and health-seeking behaviour of five major ethnic groups. Reported morbidity prevalence was found to be highest among Bangalis (23%) and lowest among the Mros (9%). Findings also revealed a difference in health seeking behaviour among different ethnic groups (Ahmed, 2005).

Education

Education is one of the most important barriers for health service utilization (Lindelow, 2003). Literacy status plays a pivotal role in selection of provider. (Jain, Nandan, & Misra, 2006). A study in Uganda showed educational attainment is negatively correlated with the demand for public health care (Lawson, 2004).

Household income and expenditure

The economic and financial accessibility factors comprise the varying levels of livelihood, which may result in greater health inequalities. Household economics limit

the choice and opportunity of health seeking. Poverty not only excludes people from the benefits of health care system but also restricts them from participating in decisions that affect their health (Babar T. Shaikh & Hatcher, 2004).

Research done in South Africa showed that income significantly affects the pattern of health care utilization (Swanepoel & Stuart, 2006). A study in Uganda (Lawson, 2004) also suggested that the household resource base and availability of funds are important determinants of health seeking behavior. A study of health seeking behaviours in Kenya indicated that Income significantly influenced the choice of facility: the higher the income, the higher the tendency to shift to non-public facilities (Ngugi, 2000).

Language skill

The communication factor also creates a barrier due to differences of language or cultural gaps and it can also affect the choice of a specific health provider or otherwise (Babar T. Shaikh & Hatcher, 2004). In a survey on the health behaviour of the Chinese in Hull, one of the main reasons identified was communication difficulty faced by many Chinese due to language problem.(Watt, Howel, & Lo, 1993).

Perceived severity of the illness

The findings from a study done in the urban poor communities of Philippines (Malanyaon, 1995) revealed that people's attitude towards health were more crisis-oriented, curative rather than preventive. In addition to that, a study on health seeking behavior for child illness in Guatemala (Goldman & Heuveline, 1995) showed that perceived severity of the symptoms have large impacts on the likelihood of seeing a provider. Nayab studied the health seeking behaviour of women reporting symptoms of reproductive tract infections in Pakistan (Nayab, 2005). This paper focused on

whether women seek help or not when sick and the differentials that exist in the health-seeking behaviour among women with different backgrounds. The results showed that the extent to which a woman is worried about the symptom effects the decision to seek help.

Decision making power to health care

Men play a paramount role in determining the health needs of a woman. Since men are decision makers and in control of all the resources, they decide when and where woman should seek health care (Rani & Bonu, 2003). A qualitative Assessment of Health Seeking Behaviour and Perceptions Regarding Quality of Health Care Services in Rural Community of District Agra indicated that choice of health provider is in fact dependant on decision makers which could be elder male family members or some other person from the community (Jain, et al., 2006).

2.3.2 Accessibility to the healthcare service and health seeking behaviour

The availability of increased health facilities and accessibility to health personnel also contributed to the change in the people's attitude towards the disease and health seeking behaviour (Rajamma, Rao, Narayana, Ramachandran, & Prabhakar, 1996). Availability of the transport, physical distance of the facility and time taken to reach the facility undoubtedly influence the health seeking behavior and health services utilization. Patient satisfaction with the treatment also play a role in health seeking behavior (Babar T. Shaikh & Hatcher, 2004).

(Kunda, et al., 2007) studied the health seeking behaviour of human brucellosis cases in rural Tanzania. In this study, distance to the hospital, among other factors, was significantly associated with patient delay to present to hospital.

2.3.3 Health seeking behaviours of Myanmar migrants

There are very few studies on the health seeking behaviour and health service utilization among Myanmar migrants at present time.

(Isarabhakdi, 2004) accessed the use of health services among cross-border migrants from Myanmar who in Kanchanaburi Province. The migrants comprise three main ethnic groups, namely the Burmese, Karen and Mon, most of whom have no formal education and are agricultural workers. Results indicated that although the migrants can access government health facilities, they are still more likely to buy drugs or use herbal medicines for treating themselves when they have minor illnesses. The most difficulties for migrants in accessing health services are their legal status, financial constraints, and inability to speak Thai. Moreover the ethnicity is also found out to be an important determination of health seeking behaviour.

Summary

In summary, a review of literature on health-seeking behaviors suggests certain variables that are associated with health seeking behaviour and should be included in this study. Findings from the literature within different cultures, different geographic areas, and different structures of health care systems have been reported.