HEALTH BEHAVIOR

CC-10 (Health Psychology) Unit 1; SEM III

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WHAT ARE HEALTH BEHAVIOURS?

Kasl and Cobb (1966) defined three types of health-related behaviors. They suggested that:

- A health behavior was a behavior aimed to prevent disease (e.g. eating a healthy diet);
- An illness behavior was a behavior aimed to seek remedy (e.g. going to the doctor);
- A sick role behavior was any activity aimed to get well (e.g. taking prescribed medication, resting).

Health behaviors were further defined by Matarazzo (1984) in terms of either:

- Health impairing habits, which he called 'behavioral pathogens' (e.g. smoking, eating a high fat diet), or
- Health protective behaviors, which he defined as 'behavioral immunogens' (e.g. attending a health check).

- Matarazzo distinguished between those behaviors that have a negative effect (the behavioral pathogens, such as smoking, eating foods high in fat, drinking large amounts of alcohol) and those behaviors that may have a positive effect (the behavioral immunogens, such as tooth brushing, wearing seat belts, seeking health information, having regular check-ups, sleeping an adequate number of hours per night).

- Generally health behaviors are regarded as behaviors that are related to the health status of the individual.

WHY STUDY HEALTH BEHAVIORS?

- Over the past century health behaviors have played an increasingly important role in health and illness. This relationship has been highlighted by Mc Keown (1979).Mc Keown's thesis The decline of infectious diseases.

- Thomas Mc Keown (1979) examined the impact of medicine on health since the seventeenth century. In particular, he evaluated the widely held assumptions about medicine's achievements and the role of medicine in reducing the prevalence and incidence of infectious illnesses, such as tuberculosis, pneumonia, measles, influenza, diphtheria, smallpox and whooping cough. McKeown argued that the commonly held view was that the decline in illnesses, such as tuberculosis, measles, smallpox and whooping cough, was related to medical interventions such aschemo therapy and vaccinations; for example, that antibiotics were responsible for the decline in illnesses such as pneumonia and influenza.

- He showed, however, that the reduction in such illnesses was already underway before the development of the relevant medical interventions.

- McKeown claimed that the decline in infectious diseases seen throughout the past three centuries is best understood not in terms of medical intervention, but in terms of social and environmental factors.

- The role of behavior McKeown also examined health and illness throughout the twentieth century. He argued that contemporary illness is caused by 'influences . . . which the individual determines by his own behavior (smoking, eating, exercise, and the like)'

- McKeown 1979 claimed that 'it is on modification of personal habits such as smoking and sedentary living that health primarily depends' (McKeown 1979). To support this thesis, McKeown examined the main causes of death in affluent societies and observed that most dominant illnesses, such as lung cancer, coronary heart disease, cirrhosis of the liver, are caused by behaviors

Longevity: Cross-cultural differences

- The relationship between behavior and mortality can also be illustrated by the longevity of people in different countries. For example, in the USA and the UK, only three people out of every 100,000 live to be over 100. However, in Georgia, among the Abkhazians, 400 out of every 100,000 live to be over 100, and the oldest recorded Abkhazian is 170

- Weg (1983) examined the longevity of the Abkhazians and suggested that their longevity relative to that in other countries was due to a combination of biological, lifestyle and social factors including:genetics;maintaining vigorous work roles and habits;a diet low in saturated fat and meat and high in fruit and vegetables;no alcohol or nicotine;high levels of social support;low reported stress levels. Analysis of this group of people suggests that health behaviors may be related to longevity and are therefore worthy of study.

- Cross-sectional studies are problematic to interpret, particularly in terms of the direction of causality.

Longevity: The work of Belloc and Breslow

- Belloc and Breslow (1972), Belloc (1973) and Breslow and Enstrom (1980) examined the relationship between mortality rates and behavior among 7000 people. They concluded from this correlational analysis that seven behaviors were related to health status. These behaviors were:
  - sleeping 7–8 hours a day;
  - having breakfast every day;
  - not smoking;
  - rarely eating between meals;
  - being near or at prescribed weight;
  - having moderate or no use of alcohol;
  - taking regular exercise.

The sample was followed up over five-and-a-half and ten years in a prospective study and the authors reported that these seven behaviors were related to mortality.

LAY THEORIES ABOUT HEALTH

- Using in-depth interviews to encourage subjects to talk freely, studies have explored the complex and elaborate beliefs that individuals have. Research in this area has shown that these lay theories are at least as elaborate and sophisticated as medicine's own explanatory models, even though they may be different.

- Helman (1978)in his paper, 'Feed a cold starve a fever', explored how individuals make sense of the common cold and other associated problems and reported that such illnesses were analyzed in terms of the dimensions hot–cold, wet–dry with respect to their aetiology and possible treatment.

- Pill and Stott (1982) reported that working-class mothers were more likely to see illness as uncontrollable and to take a more fatalistic view of their health.

- Graham (1987) reported that, although women who smoke are aware of all the health risks of smoking, they report that smoking is necessary to their well-being and an essential means for coping with stress. Lay theories have obvious implications for interventions by health professionals; communication between health professional and patient would be impossible if the patient held beliefs about their health that were in conflict with those held by the professional

PREDICTING HEALTH BEHAVIOURS

- Much research has used quantitative methods to explore and predict health behaviors.

For example, Kristiansen (1985) carried out a correlational study looking at the seven health behaviors defined by Belloc and Breslow (1972) and their relationship to a set of beliefs. She reported that these seven health behaviors were correlated with

(1) A high value on health;
(2) A belief in world peace; and
(3) A low value on an exciting life.

- Leventhal et al. (1985) described factors that they believed predicted health behaviors:social factors, such as learning, reinforcement, modeling and social norms;genetics, suggesting that perhaps there was some evidence for a genetic basis for alcohol use; motional factors, such as anxiety, stress, tension and fear;perceived symptoms, such as pain, breathlessness and fatigue;the beliefs of the patient;the beliefs of the health professionals.
- Leventhal et al. suggested that a combination of these factors could be used to predict and promote health-related behavior. In fact, most of the research that has aimed to predict health behaviors has emphasized beliefs. Approaches to health beliefs include attribution theory, the health locus of control, unrealistic optimism and the stages of change model.


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