CHAPTER – 3
CONCEPTUAL FRAMEWORK

Preventive health care refers to behaviors that will prolong one’s healthy life or practices that otherwise lessen the effects of infectious disease, chronic illness, or debilitating ailments. Whether an individual engages in a specific preventive health care practice depends on a variety of factors that encompass social influences, family support or urging, commercial messages, recommendations of physicians and other health care spokespersons, habit, self-confidence, beliefs and values, situational factors, financial considerations, emotional factors, physical barriers, and even misperceptions. Comprehensive models of preventive health care behavior have been proposed in the literature to capture this complexity [140] [141] [142]. However the models which encompassed almost all the components suitable for this study and were selected as the threshold for this research effort, have been explained below

3.1 Intrinsic factors that determine Preventive Healthcare Behavior

Given a clear understanding that the major risk factors for lifestyle related non-communicable diseases are modifiable and preventable, it is imperative to design and implement interventions for the purpose. Since unhealthy habits and routines related to the modifiable aspects of disease prevention in terms of diet, physical activity, substance use etc are firmly entrenched in people’s behavior patterns, it is an absolute challenge to alter it. These persistent behaviors underscore the need to understand the relative importance of the intrinsic determinants proposed by Jayanti Rama K. and Burns. Alvin C. (1998) in relation to age, gender and education levels of the urban Indian population.

This model was selected because it provided the framework to support a holistic approach to the study. Reference was drawn to diabetic patients because diabetes is a non-communicable disease which is reported to be an epidemic in India. In addition this model encompassed almost all the components suitable for this study and hence it was used as a threshold for this research effort.
The conceptual model of preventive health care behavior was proposed and tested. Results suggested that preventive healthcare behaviors are strongly influenced by the value consumers perceive in engaging in such actions. This value is greatly affected by response efficacy, or the person’s belief that a specific action will mitigate the health threat. A separate consideration affecting adherence to a prescribed preventive health care behavior is self-efficacy, other person’s belief that the target behaviors can be enacted.

Additionally, health motivation and health consciousness are also shown to influence preventive health care behaviors. Never the less, the primary research backing these inferences was conducted in a mid-western American city and hence its inference related outcome was tested vide this research effort.

FIGURE 3.1 Intrinsic Factors - Preventive Health Care Behavior Model with Path Coefficients [14]

3.2 Extrinsic factors that determine Preventive Healthcare Behavior

In spite of the devastating facts and figures with regards to the lifestyle related non-communicable diseases in the Indian subcontinent, there is still hope for respite in lieu of modification and prevention related possibilities. However, the foremost obstacle is that of behavior related changes are not easy to make. It entails an enormous amount of analysis and introspection of the determinants governing behavior related to preventive healthcare in particular, the extrinsic ones.

An exhaustive study of literature was undertaken to arrive at the preliminary list of extrinsic determinants that impact the preventive healthcare behavior. However since the secondary research did not throw up an aggregated set of facts pertaining to the issue in hand, one on one discussions were initiated with peers in the university and also a team of 12 training professionals working in the field of public health and behavior. The final list of preventive healthcare behavior determining, extrinsic factors, is an outcome of this effort and include therapeutic counseling, monetary incentives, professional involvement, family support, community cooperation and information assimilation & dispensation.
FIGURE 3.2 Extrinsic Factors - Preventive Health Care Behavior Model [136, 103, 108, 127, 135, 137]

Source – Model presented by the scholar for clarity
3.3 Explanation of Basic Concepts

**Non-communicable Diseases** – As per the World Health Organization the diseases considered as non-communicable are cancer, diabetes, CVD (Cardio-vascular), stroke, obesity etc [143]

**Lifestyle Diseases** – Type 2 diabetes, high cholesterol levels, hypertension, depression, nerve compression, obesity related issues, cerebral & cardiovascular diseases, Alzheimer’s disease, Crohn’s disease, nephritis, asthma, chronic liver disease or cirrhosis, renal failures, retinal detachments, cancer, arthritis, osteoporosis etc.[144]

**Pre-emptive Measures** – Adopting healthy eating habits (timely intake of hygienically prepared nutritious food), adherence to a physical exercise routine (with a combination of brisk walking, floor exercises and muscle workouts), adapting medically recommended sitting posture, regularizing a medication regime etc [145]

**Healthcare Behavior**- Manifested in terms of awareness, attitude, adoption, adherence [146]

**Preventive Healthcare** - The World Health Organization defines preventive healthcare/self-care as ‘activities individuals, families, and communities undertake with the intention of enhancing health, preventing disease, limiting illness, and restoring health’.

Some of these behaviors including - seeking health related information, exercising, seeing a doctor for regular checkups, making lifestyle changes by bringing about a work-life balance, stress reduction etc, adopting habits like ‘no-smoking’, moderation of alcohol intake, healthy eating etc, following low fat/sodium/carbohydrate diets, monitoring vital health signs, seeking advice through alternative care networks, evaluating this information and making decisions to act upon it. [147]

**Health Motivation** - refers to consumers’ goal-directed arousal to engage in preventive health behaviors (Gelb and Gilly 1979; Moorman and Matulich 1993). Health motivation has been shown to positively influence health maintenance behaviors (Fletcher, Morgan, O’Malley, Earp, and Degnan 1989). Health motivation is a relatively constant state found in individuals as it is normally considered to be
ingrained in the person’s makeup. Moorman and Matulich’s (1993) study found only mixed support for the effect of health motivation on health behaviors

**Health Knowledge** - refers to the individual’s storehouse of information about preventive health care behaviors. Health knowledge has been shown to affect preventive health behaviors positively. Johnson and Johnson (1985) show that health knowledge influences choice of healthy foods and nutritious eating, whereas Boechner, Kohn, and Rockwell (1990) found a positive correlation between health knowledge and improved dietary habits. It is generally believed that knowledge facilitates information search, and highly knowledgeable consumers acquire and retain more information compared to people with less knowledge.

**Health Consciousness** - refers to the degree to which health concerns are integrated into a person’s daily activities. Recent research in health care marketing advocates a psychographics-oriented approach to preventive health care behavior (Kraft and Goodell 1993). According to this approach, consumers who are health conscious and adopt a “wellness-oriented” lifestyle are much more prone to undertake preventive health behaviors, such as eating nutritious foods and exercising regularly, than those who are not health conscious.

**Self-Efficacy** - refers to the belief that target behaviors which mitigate health threats can be successfully implemented. For example, women have to believe in their ability to perform breast self-examination in order to actually undertake such an action. Consumer beliefs about undertaking preventive health care behaviors have been claimed to be important mediators in actual preventive health care behavior implementation (Burns 1992).

**Response Efficacy** - is the extent to which a person believes a particular health care action mitigates a health threat. Lack of perceived efficacy of a prescribed regimen leads to noncompliance with that regimen (Beck and Frankel 1981; Kasl and Cobb 1966). For example, an overweight person may believe in an appetite suppressant to reduce calorie consumption, and thus may possess high response efficacy toward this behavior.

**Health Value** - refers to an individual’s assessment of benefits relative to costs in engaging in preventive health care behavior. The preventive health care literature has
long recognized the centrality of the cost/benefit approach in undertaking health-related behaviors (see, for example, Janz and Becker’s [1984] discussion on the Health Belief Model). The cost/benefit approach suggests that an individual’s subjective judgment with regard to the usefulness of a particular action in accomplishing desirable consequences determines the probability of undertaking such an action (Cohen 1984).

**Therapeutic Counseling** – in this case refers to an objective driven healthcare related approach that includes targeting, goal setting, and planning sessions in which patients and providers focus on a specific problem, set realistic objectives, and develop an action plan for attaining those objectives in the context of patient preferences and readiness.

**Monetary Incentives** – refers to tangible motivational tactics like distribution of bonuses, tax exemptions, discounts or redeemable rewards etc for improving health-related behaviors.

**Professional Involvement** – refers to the creation of continuum care management training and support services, in which patients have access to services that generates awareness, facilitate adoption, encourage adoption and support adherence of wellness regimens, guide health behavior changes, and provide emotional support.

**Family Support** – Cooperation from family members both emotional and physical to bring about change in health behavior.

**Community Cooperation** – Support from the community at large or ones organization to maintain work life balance and get the necessary online & offline support for behavior change related to preventive care.

**Information assimilation & dispensation** - in this case refers to the communication exchange between the patients and the operators of the CHP (continuum healthcare plan) to meet objectives such as awareness generation, acceptance facilitation, adoption encouragement or support adherence by way of knowledge exchange, proactive intimation of health checkups etc.