

# Health Behaviour and Illness Behaviour

## Health Behaviour

The process of enabling people to increase control over their health and its determinants, and thereby improve their health for preventing health problems.

### Alonzo (1993) has identified four separate dimensions:

#### **1. Prevention:**

The goal of preventive health behavior is to minimize **the risk of disease, injury, and disability.**

These “health-protective behaviors”(HPBs) include participating in **regular exercise, maintaining a appropriate weight ,healthy diet, avoid smoking, and alcohol** and obtaining **immunizations** against communicable diseases.

#### **2. Detection**

Includes activities to detect disease, injury, or disability before symptoms appear such as medical examinations

1. Regular physical examination.
2. Dental examination
3. Measuring blood pressure and cholesterol.
4. Prenatal and Neonatal care.
5. Screening to detect cancer.

#### **3. Promotion: Health promotion activities**

Consist of efforts to encourage and persuade individuals to engage in health promotion behavior and avoid or disengage health-harming behaviors.

#### **4. Protection: Health Protection Activities**

- Occur at societal rather than individual level and include efforts to make the environment in which people live as healthy as possible.

Ensuring that food supply will not be contaminated with agents of disease

Occupational safety and health.

## Illness Behavior

Any actions or reactions of a person feeling unwell in order determine their state of health and obtain physical or emotional relief from real or actual illness.

### **Stage 1: Symptoms experiences**

The experience of illness begins when a person first feels something is wrong: pain, Discomfort, general anxiety or some disruption in physical functioning, there are three included:

1. The physical pain or discomfort.
2. The cognitive recognition that physical symptoms of an illness are present
- 3- The emotional response (e.g. fear or anxiety)

### **Stage 2: Assumption of the sick role**

- The individual now accepts the sick role and requests confirmation from family and friends that the disease is present.
- Often people continue to self-medicate and delay contact with health care professionals as much as possible.
- Fear, withdrawal and depression are depended on the severity of the disease and the degree of disability.

### **Stage 3: Medical care contact**

- People with the disease seek advice from a health professional on their own or through their family or friends.
- A health professional may decide that the client is sick or not, and the client may reject or accept the diagnosis.

### **Stag 4: Dependent-patient role:**

- With the onset of this stage, the patient is expected to make every effort get well.
- Some people enjoy the benefits of this role (increased attention, escape from work responsibility).

- Eventually, the acute patient will either get well or move at the stage 5.

**Stage 5: Recovery and rehabilitation:**

- Usually a person with acute illness or disease that has a short and rapid recovery time.

- People who have long-term illnesses and must adjust their lifestyle may find recovery more difficult.

- For clients with a permanent disability may require therapy to learn how to make more adjustments in functioning.