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HEALTH PROMOTION & THE PRACTICE OF HEALTH BEHAVIOR

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Abstract

Anthropogenic changes to the natural environment pose serious threats to human health welfare and security, hence the need to promote health arises, and as a result we have to practice health behavior.

This study is an exploratory one in order to create awareness of what health promotion is, what are the health behaviors to be adopted, preventive techniques, and health habit factors that undermine health practices.

“Health promotion is the process of enabling people to increase control over and improve their health”. From the individual standpoint, health promotion refers to the practice of good health behavior, such as a balanced diet low in cholesterol and fat, regular exercise and the practice of preventive health behaviors, etc.

The present research was conducted amongst adolescents. Initially it was found from previous research literature, reading and personal experience those adolescents of the present era are very conscious of their health. At the same time no individual adolescent is free from the environment in which he is growing. Hence it is observed that the environment influences the individual’s health aspects to a greater extent.

As psychologists, we feel that individual’s behaviors towards ill health can be changed towards healthy behavior by using various techniques. By looking into the behavior and preventative factors that undermine healthy habits, good health practices can be improved. The present research paper envisaged some of the good health practices and was able to bring about a behavioral change in the adolescents by emphasizing health behavior.

Knowingly or unknowingly the college students were prey to unhealthy practices, but the study concludes by the following:

- *Employing health behavior changes can alter people’s problems.*

- *Health promotion and primary prevention involve working not only with the healthy population but also with people who are at risk.*
- *The mass media have much to contribute in the way of health promotion by educating people about risks to their health posed by certain behavior, such as smoking or excessive alcohol consumption.*
- *Legislation also has much to contribute, by mandating certain activities that may reduce risk, such as the use of child restraining seats and seat belts.*

In short, health promotion is a general philosophy that has at its core the idea of good health or goodness, as a personal and collective achievement.

Introduction and Conceptual Framework:

Anthropogenic changes to the natural environment pose serious threats to human health welfare and security. Hence the need to promote health arises, and as a result we have to practice health behavior.

“Health promotion is the process of enabling people to increase control over and improve their health”. From the individuals standpoint, health promotion refers to the practice of good health behavior, such as eating a balanced diet low in cholesterol and fat, regular exercise and the practice of preventative health behavior etc.

What are health behaviours?

This refers to the behaviours undertaken by people to enhance or maintain their health (Kasl & Cobb, 1966; G. c. Stone, 1979). Belloc and Breslow (1972) in their experimental study conducted in Alameda county, California adopted 7 important indicators for good health viz., sleeping (7 to 8 hours a night), not smoking, eating breakfast, abstaining from alcoholic drinks, physical exercise, not eating between meals and being no more than 10% over weight. With these predictors of healthy behaviour they surveyed about 7000 county residents regarding their practices and physical disturbances if any, during the past 6-12 months. The results predicted that better the health habits practiced, fewer were their illnesses. A follow-up with the individuals included for the study 9 ½ years found that mortality rates were dramatically lower for both men and women practicing the seven health habits (Breslow & Enstrom, 1980).

Need for intervention with persons at risk:

Health promotion and primary prevention involves working not only with the healthy population but also with those who are at risk or vulnerable to particular problems by virtue of heredity, health practices, family environment and the maladaptive lifestyles being adopted in the urban cities. Health promotion involves not only helping people to optimize a healthy life style but also to sensitize them to be aware of the risks to which they are potentially vulnerable and to take steps early to alleviate such risks. Thus early identification of the symptoms and prevention of ill health behaviour patterns could contribute significantly to sustain robust health.

Barriers to Effective Health Promotion:

Research studies reveal that there are at least four facets of barriers encountered during the process of intervention to promote healthy behaviour patterns:

- i. The prime factor comes from the medical establishment and its attitudes towards prevention
- ii. The second set of barriers focuses on problems within the field of Psychology in applying techniques of attitude and behaviour change to health behaviours (Stanchnik, Stoffelmayr, & Hoppe, 1983)
- iii. The third set of factors revolve around individual personalities and values
- iv. The fourth set of factors has to do with the difficulty of getting people to change poor health habits.

Individual barriers to health promotion:

An important barrier to preventing poor health habit is the fact that health behaviours are learned in the child's most powerful learning environment - the home, from the child's most powerful models - the parents. Although genetic susceptibility is clearly implicated in some of these relationships, learning is also an important factor. Thus the prevention of poor health habits in a given individual sometimes calls first for changes in the health habits of the most influential people in that individual's environment; the parents. Parents generally play an important role in deciding what their children will and will not do; if they are not interested in teaching their children good health habits, other educational efforts may prove ineffective. Another reason why poor health habits are hard to prevent is that people often have little immediate incentive for practicing good health behaviour. At the time when initial health habits develop during childhood and adolescence, most people are healthy. Smoking, drinking, poor nutrition and lack of exercise have no apparent effect on health and physical functioning. The cumulative damage that these behaviours cause may not become apparent for years and few children or adolescents are concerned about what their health will be like when they are 40 or 50 years old.

First, people appear to have an exaggerated sense of their ability to control their health; therefore, they may ignore potential health threats. They may believe that the threat does not exist or that they will be able to offset it somehow when it develops. Second, they may have little direct experience with health threats and so underestimate their own vulnerability. The person who has never had a serious illness may find it difficult to imagine what it would be like. Finally, people sometimes erroneously believe that health threats manifest themselves in childhood. If, therefore, they have not already noted signs of a particular health problem, they may imagine that they never will.

Psychologists are divided over whether unrealistic optimism typically has negative effect or positive effect on the practice of health promoting behaviours. Some have suggested unrealistic optimism may undermine legitimate worry about risk and reduce the likelihood that people will engage in good health behaviours (Croyle et al, 1993, N. D. Weinstein, 1987). Others, however have pointed out that optimists are often vary vigilant about information on

future risks that are highly likely to affect them, this vigilance may help them to offset their risk before an adverse condition develops. Thus it remains to be seen whether unrealistic optimism about the ability to maintain good health typically undermines or facilitates health-enhancing behaviours.

Despite the fact that health is an important value for most people, people do not seem to have very good assessments of their health risks.

Health-Habit Factors that Undermine Health Practices:

People who are risk takers generally practice fewer health behaviours overall and “health nuts” have higher levels of health practices overall (H. Leventhal, Prohaska & Hirschman, 1985). The health behaviours of health care providers cluster more strongly than those of non-providers. (Salovey, Rudy & Turk, 1987). Health habits that by their nature influence each other tend to be related to each other. Physical activity, for example, is positively associated with weight control, whereas, physical activity and smoking are somewhat negatively associated (Blair, Jacobs & Powell, 1985). Beyond, these common sense clusterings, however, health habits retain a fair degree of autonomy. This means that achieving a concerted program of good health behaviour, whether for an individual or for a nation, is no small feat.

A third important characteristic of health habits is that they are unstable overtime (Mechanic, 1979). Thus, a person may stop smoking for a year but take it up again during a period of stress. A problem drinker may remain abstinent for a period of time and then suddenly revert to his old ways.

Why are health habits autonomous and unstable?

First, different health habits are controlled by different factors. Secondly, different factors may control the same health behaviour for different people. Thus, one person’s overeating may be “social”, and she may eat primarily in the presence of other people. In contrast, another individual’s overeating may depend on levels of tension and he may overeat only when under stress. The third factor controlling a health behaviour may change over the history of the behaviour. The initial instigating factor may no longer be significant and new maintaining factors may develop to replace them. Although peer pressure is important in initiating the smoking habit, over time, smoking may be maintained because it reduces craving and feelings of stress. One’s peer group in adulthood may actually oppose smoking. Fourth, factors controlling the health behaviour may change across a person’s lifetime. Fifth and finally, health behaviour patterns, their developmental course and the factors that change them across a lifetime will vary substantially between individuals.

Factors influencing the Practice of Health Behaviours:

Most commonly, people report that they eat regular balanced meals, get enough sleep, engage in some physical activity and enjoy relaxing leisure time activities (D. M. Harris & Guton, 1979). Interestingly enough, these health behaviour are not the sort that require access to the health care system, as do using preventive screening programs or obtaining a pap smear, for

instance. Rather, they are behaviours that individuals practice on their own. Despite the fact that nearly everyone practices some healthy behaviours, some individuals are more likely to practice good health behaviour than others.

Remedial Measure:

Research literature, reading and personal experience show that adolescents of the present era are very conscious of their health. At the same time no individual adolescent is free from the environment in which he is growing. Hence it is observed that the environment influences the individual's health aspects to a greater extent.

As psychologists, we feel that an individual's behaviors towards ill health can be changed towards health behavior by using various techniques. By looking into the behavior and preventive factor that undermine health habits, good health practices can be improved. Therefore a research program may be devised to study the health problems of adolescents, and formulate, based on the research findings, a comprehensive model of intervention which could be used on adolescents to adopt healthy behaviour patterns.

Knowingly or unknowingly the college students were prey to unhealthy practices but the study concludes by the following findings.

Suggestions:

- Employing behavior changes and methods people can alter their problem on health behavior.
- Health promotion and primary prevention involve working not only with healthy population but also with people who are at risk.
- The mass media have much to contribute in the way of health promotion by educating people about risks to their health posed by certain behavior, such as smoking or excessive alcohol consumption.
- Legislation also has much to contribute, by mandating certain activities that may reduce risk, such as the use of child restraining seats and seat belts.
- Studying the urban situations in our country a holistic comprehensive model of intervention could be developed exclusively for the adolescents for effective healthy behaviours which could be made replicable at the country level at large.
- In short health promotion is a general philosophy that has at its core the idea that good health, or goodness is a personal and collective achievement.

Suggested model for intervention:

1. A screening tool may be designed to identify the people at risk based on the aforesaid indicators for good health

2. Intervention strategies may be developed for overcoming the deficits of each indicator which could replace the maladaptive behaviour. For instance:

- a. For problems relating to sleep, relaxation techniques and meditation may be suggested
- b. Dietary information may be provided for those with loss of appetite and for those who overeat. (For persons who over eat a diet chart may be planned in consultation with a dietician and the person may be suggested to overeat such food items which are less in calorific contents).
- c. Involving in productive activities which requires physical exertion
- d. Strategies for abstaining from smoking and consuming alcohol
- e. By educating to manage stress due to environmental and work stressors
- f. By suggesting a workable model consisting the following stages to negotiate a behavioural change along with psychological techniques for behaviour modification:

- i. Pre- contemplation - Recognizing the need for a change from the existing maladaptive behaviour to a socially approved behaviour
- ii. Contemplation – Devising strategies / Action plan
- iii. Scheduling time and resources for implementation of strategies
- iv. Periodical Self evaluation/examination
- v. Termination of maladaptive behaviour
- vi. Maintenance of change negotiated

Diagrammatic representation of the suggested model of change

