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COMPARATIVE ANALYSIS OF HEALTH, ILLNESS MANAGEMENT AND DISEASE: A THEORETICAL NEXUS

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Abstract
This paper explored how medical sociology examines the lay and the scientific conception of health, illness management and disease. The paper examined the differences between the concepts and argues that there are some social factors influencing the people's use of medical health care which are crucial for proper understanding of help-seeking behavior in consultation with physicians and other health professionals in the health care institutions. This paper highlights some demographic factors that have been implicated in the use of health care services in the tertiary health care facility and the subjective meaning underlying individual patterns of illness behavior such as seeking medical advice or treatment. The paper also highlights the need for this to be understood by clinicians and health care managers so as to help in formulating new management strategies. This paper concludes that triggers of medical help-seeking play vital role not only for the individuals but also for health care institutions in promoting users satisfaction with health care services.

Introduction

The term illness is significantly different from the term disease. They are terms that most people use in every day life without giving them much thought. However, a clear distinction can be seen when viewed in a medical-sociological manner. When people are asked to define exactly what illness and disease mean, a lot of divergent views and understanding emerge. Definitions of illness and disease polarize between those that rely upon 'objective' scientific criteria at one end to those that are based on people's "subjective awareness" at the other end[1]. The term illness is a highly personal state in which the individual feels unhealthy as different from disease which is concerned about cells and the organs that are affected by the disease process. The way in which individuals interpret their bodily changes from time to time is important for how they act on it[2]. This is particularly important in the developing countries such as Nigeria where the perception of what constitute illness varies from one culture to another. Anthropological studies have shown that the application of anthropological and sociological data and theories to action programs have long been recognized and appreciated by health professional and health workers[3]. In addition, studies have shown that it is

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important that doctors and other health care managers be aware of patient's journey from home prior to consulting and their reason for doing so[4]. In fact much of what we know about illness and disease can only be understood in social context. This paper argues that the lay and subjective conception of health, illness management and disease are significant.

Therefore the objective of this paper is to situate health and illness management and disease as socio-cultural issues comparatively and not just biological phenomena alone. The paper draws heavily from theories from the social perspectives associated with illness and illness management such as germ theory and culture bound theory as many people in the society rely on the concept of health, illness, disease, body anatomy and illness management that oftentimes combine both orthodox and traditional practices. The paper is divided into four sections including: introduction, section two which discusses the concept of health, illness and disease and the schools of thought that help in the formulation. Section three; discusses the relationship between illness beliefs, causation and illness management and the relevant theories, while section four; presents the conclusion and references.

Health and Health Care Utilization

What constitutes health is not simple. Different people and groups have variously examined what constitute the 'lay perception' of health amongst different people in different communities[5, 6]. In 1978 at the Alma-ata Conference, the World Health Assembly (WHA) defined health as “a state of complete physical, social, and mental well-being and not necessarily the absence of infirmity or disease”[7]. The WHO definition postulates that human beings can have or reach a state of complete health. Being healthy therefore extends beyond the absence of infirmity or disease in the body. It has been argued that this is over assuming and does not take into account the subjectivity of illness and its absence as does the objective absence of infirmity or disease from the biomedical model of definition[8]. There is also overemphasis on the component parts of the body and measurable physiological data, which have resulted in the neglect of cultural, economic, and even environmental factors in the cause of ill-health. Whereas, the relevance of culture, as it relate to interpretation of disease or health matters cannot be over emphasized. Culture helps to shape the focus of the individuals who are unhealthy and to recognize the implications of this on family members and the entire community. This has implication for health education during health care service provision and utilization. The World health organization (WHO) definition suggests that health incorporates a host number of variables or conditions of life that must be met before reaching a state of complete health. A healthy person, for example must be free from all physical objectively verifiable diseases. Similarly, a person who is free from disease should not only be in a state of equilibrium but must also not be known to be suffering from any ailment, which brings about personal discomfort. Viewed from the above scientific, objective and biomedical angles, the doctor then institutes treatment which is predicated upon findings of the investigations conducted. Today, this is the conventional approach to the practice of western medicine and treatment. Health is a subjective term and

it is also a relative term which varies from one individual to another, from one social group to another and from one community to another[1]. Put differently therefore, people define themselves as healthy or ill on the basics of established criteria either by the individuals, relatives, friends and coworkers, medical or nursing practitioners and so on. Thus health can be associated with a subjective feeling of well-being with ability to carry out activities of daily living.

It can be argued that health related problems, when the subjective meaning attached to "layman" definitions of health are not given considerations especially at the onset phase of consultation during medical help-seeking, benefiting adequately remains a problem. As observes, human beings are simultaneously biological and cultural organisms[9]. In fact, this principle provides a comprehensive view of health that combines both physical and socio-cultural dimensions that is capable of providing adequate explanation of health phenomenon. Generally, in the past, well-being has been attributed to the power of modern medicine and has as its consequence the commonly held assumption that medical research has been and will continue to be in terms of uncovering the biological causes of diseases with attendant advancement in effective treatment. The conception and the utilization for illness management is culture bound though the significance which illness holds for the population remains the same for all groups of people in different communities. Similarly the ways of managing the problems and means of evaluation of ill-health varies from one group to another group and even in the same environment[10].

Illness and Disease

Both illness and disease are unpleasant and can be life threatening. Being ill as contrary to having a disease can be unpleasant also and possibly life threatening. Hence the need for the understanding of the subjective perceptions of illness and disease by the people who also belong to different cultures concerning the use of health care and by the health care professionals right from the onset of illness presentation to the point of post-treatment phase especially in the hospital setting.

The terms Illness and Disease are used interchangeably in some quarters. One is not a synonym of the other, although they are usually used interchangeable in the society from time to time. Clear distinction can be seen from sociological analysis. What is illness and what is disease? These questions may sound so simplistic but one needs to make a distinction between the subjective perceptions of both terms in the community. Accord Disease is an abstract biological-medical conception of pathological abnormalities in people's bodies[11]. This is indicated by certain abnormal signs and symptoms which can be observed, measured, recorded classified and analyzed according to clinical standard of normality. A broad biomedical orientation to the definition of disease gives a major distinction between illness and disease in which the later designates pathology as defined by biomedical science while, the former indicates perception of pathology in the context of a particular population or culture[9]. Illness is a term that has been defined, as "subjective evaluation of one's state of being that something was wrong with him/her as an individual"[12].

Collaborating this viewpoint[11] conceives of illness as the human experience of disease, which is social. This state is indicated by personal feelings of pain or discomfort, which may lead to behavioral changes that may or may not preclude objective disease reality but rooted within a social context.

Illness is given socially recognizable meaning ie they are made into symptoms and socially significant outcome. Consequently, adequate classification or causation and therapy are designed within the socio-cultural context for its management.[13]

In African system, there are three groups of illness[14]. The first are trivial or everyday complains, treated by home remedies. The second is the European disease that is, disease that responds to western therapy while the third categories are of African disease- those not likely to be understood or treated successfully by the western medicine. Thus what constitute illness and disease varies from one community to another. For example, in a study[15] among the Okpe people of Delta State, illness etiology was traced to three basic factors viz: natural, supernatural and mystical. The Okpe people (according to him,) have a belief that the ancestors are custodians of the living and when they are not properly attended to they could cause misfortune in the form of ill-health or poor harvest.

Several other studies examined the 'lay perception' of illness[16,5]. Studies of how people define health and illness revealed that illness was generally perceived as external and a product of a way of life[16, 17]. Findings show that this covered not merely pathological agents such as germ but also accidents and disease like cancer and various mental disorders. Furthermore what constitute an illness varies from one person to another and even from community to community[16]. Therefore it follows that those individuals who are acting the role of patients in health care institutions experience illness in their states of being and physicians diagnose and treat disease. She concludes that Illness is subjective while disease is objective. Also, it has been arguered[18] that disease does not exist as a social phenomenon until it is somehow perceived as existing[16]. He concludes by explaining that what co social perspectives as a result of social definitions and suggest that illness is something that people experience as having an unpleasant impact upon their lives and activities while disease refers to abnormal and harmful physical changes in the body[18,1]. People may well have serious disease as diagnosed by the clinician but this does not automatically result in people defining themselves as ill. For such people, they carry on with their activities of daily living. This has implication for health education while providing health care services.

Theoretical nexus of Illness and Disease

To make a distinction between scientific as compared to culturally defined states of health and illness, the position of theories cannot be overemphasized. Several dimensions come to play that are also interrelated. However in this regards some have observe that a broad biocultural orientation to the definition of disease and is more useful for research purposes[9]. Some patients start to feel sick after their symptoms are interpreted to them and is common with their counterparts are all over the whole community[19]. Thus disease designates altered bodily states or processes that deviate from norms

established by biomedical science while illness designates that someone is sick but the criteria are social and psychological separate from those employed by biomedical science. Basically, there are different theories that give insight and provide explanations into the social context shaping the definitions of health and treatment of illness/diseases. The scientific model known as 'germ theory' is one of such theories that have been postulated concerning causes of diseases and actions taken to manage the illness or treat such symptoms of diseases. The germ theory provides the most theoretical foundation of modern medicine while the other is centered on 'culture bound theory' of disease [9,20].

Those who believe in germ theory as causes of disease consider the use of hospital based on scientific principle as the only acceptable basis for meaningful intervention to ill health problem, and those who believe in the "culture bound theory" hold tenaciously to supernatural phenomena as sources of ill health and by the same principle consider the use of traditional health care or other means as bases to ensure cure of disease.

'Germ theory' provides the framework used by doctors and owes much of its success to being closely linked with scientific areas of Biology, Physics and Chemistry. While the 'culture bound model' and framework used by traditional healers and doctors and herbalists also own much of it's effectiveness to being closely linked with traditional beliefs and cultures[21,20,22,4]. Apparently, beyond the realm of causality to which the doctors/nurses rely on for all rational interventions, there are also a number of socio-economic factors associated with the causes of diseases and mode of intervention that cannot be scientifically explained. This view is supported by the fact that illness behavior is culturally and socially learned responses[4]. Also in certain cultures in Africa, some individuals while seeking-help in preference to the medical practioners rely upon community, the traditional or folk doctors. This is perhaps so because of the subjective interpretation and understanding of illness which differs in response and recognition and even experiences of those affected[15,20,23,24,25.]

Medical Concept of Disease (Germ Theory)

The 'medical' concept of disease implies 'germ theory'. This is the most fundamental theoretical foundation of modern medicine[9]. The germ theory is constructed in terms of biological discontinuities. Such discontinuities are linked to the malfunctioning of a part of the human organism; a malfunctioning part of an organism normally brings about personal discomfort. Disequilibrium can occur if a part fails to function or perform effectively and such occurrences are attributed to germ or hereditary factors. From this stand point of medical science, the human body can be in a state of health if a part or the entire organism functions effectively. This is the scientific worldview, which underlies western style medicine. There are also well established biomedical techniques for ascertaining which parts of a human organism are not functioning effectively. There after investigations, which aim at establishing the link, and are carried out by doctors[20]. As scientific as this may seem, however, it is not every deviation from normal functioning which cause personal discomfort in an organism that is verifiable through biomedical techniques. There are instances in which the

expression of personal discomfort may be subjective and not verifiable as is often the case in several behavior-related health problems such as non-organic mental illness and other stress related conditions. There are however objective etiology of major diseases like malaria, tuberculosis, schistosomiasis, sickle cell anemia, cancer, heart disease, skin inflammation and others to mention but a few that are explained by his medical model.

Culture Bound Theory of Disease

In the past, it was believed that most disorders are attributed to the 'germ theory' until some decades ago when sociological research findings showed different interpretations given to health, illness and disease in different cultures[15,9,26] The 'Cultural Bound Theory' of disease proposes that the concept of disease is anchored on three etiological factors, which are natural, pre-natural, and mystical. The natural is akin to 'medical model' in the sense that many people accept the fact that 'germs' and hereditary factors can cause disease or ill health. Diseases are in this context attributed to insect bites, bad blood, bad odor, and habitation in unhygienic environment. Mental disorders are linked to hereditary factors. For this reason, some people will avoid marrying anyone who is known to be suffering from mental illness. The incidence of disease is linked to the practice of witchcraft or sorcery [20]. Disease may be caused by witches who inflict harm on any part of the body. It is also widely accepted that sorcery, which is sympathetic, can also be used as a means of inflicting diseases through sorcery, their victims are reached by making contact with their personal effects such as clothing or nails. It is believed that they produce poisons, which are used to cause bodily harm among perceived enemies. The third etiological factor revolves around mystical forces. Aged fathers are buried in their bedrooms or in the family homestead or compounds of the diseased in order to underscore the fact that the spirits of such persons are still very much, around. Ancestors therefore remain a part of the family homestead and are regarded as the guardian spirit of misfortunes including ill health [20,15]. Many in the traditional societies believe that failure to honor the ancestors could spell dire consequences for a lineage or any of its erring members. The affliction of a serious illness is one of such consequences.

Therefore, despite the recognition of natural factors, the ultimate explanation for the incidence of disease or diseases among many Nigerians is still firmly rooted in magico-religious explanations. Witchcraft or sorcery and mystical forces are often invoked as the real explanation for the incidence of disease even in circumstances in which natural factors appear to be their primarily causes. This example below aptly describes the widely shared concept of ill-health.

A man is accidentally bitten by a poisonous snake while on his way to the farm but whose kin, friends and the victim himself nevertheless believe that the “snake must have been sent” by his enemies to cause bodily harm. In other words things do not just happen by accident even when it is obvious but rather they are brought about through witchcraft or sorcery and mystical forces.

Health and Medical Care Management

From extant literature, evidence shows that there is relationship between perception, conception and management of illness in the society[15,27]. The way people choose to manage illness in any

given society is a function of how they perceive or conceive of the cause of the illness. Pattern of utilization of health care services can be influenced by many factors including the socio-economic status of individuals[15]. He went further to state that the conceptions of the low and high socio-economic groups in the society differ. For example the low socio-economic group person who is illiterate conceive of disease from a cultural world view as against the person who belong to the high socio-economic group and more modern and has a perception that is associated with the biomedical view. Therefore, where there is preponderance of literate persons they will rely on western model of health care and where the contrary is the case, the people will rely more on traditional methods of healthcare. However he cautioned that there is no hard and fast rule about it because some people might be literate and act otherwise and vice versa. This section examines the impact of theories in the effective analysis of the topic under review. This is done to properly situate the nexus between cultural conception and the utilization of health care delivery services in Nigeria. In this regards this paper adopts the following theories to provide a sociological explanation on the above subject.

The Health Belief Model (HBM) attempts to explain health related behavior from a social psychological perspective and also predict health behavior of individual in the society[28,29]. The Health Belief Model (HBM) was originally developed in the 1950's and later updated. The HBM explains health related behavior from a psychological perspective: what influenced people especially with regards to visiting the doctor and using the health services and focus on dimension affecting the individual's control over specific action and also uses those dimensions to predict behavior of the individual is that by taking a particular action, an individual susceptibility to the illness would be reduced or if it had already developed the severity would be ameliorated. Health belief model consist of the following:

1. The probability of an individual adopting a health behavior is affected by the individual perception of susceptibility to the illness or danger. Those who believe that they have reasonable chance of acquiring a health problem will seek help from the doctor. They will not embark on help seeking unless they believe they are at risk.

2. The value of illness threat reduction. This is a person's subjective estimate of the extent of harm to his body from the illness and the extent of interference with his social roles in the event of the problem occurring it would have a moderate or severe impact on life.

3. The effectiveness or benefit of following the recommended course of action.

4. The material and psychological cost of barriers to adopting the behavior.

The third and final stage refers to factors that influence whether the person will follow the recommendations of the professionals. Thus, people may follow none, some, or all of the recommendations depending upon the continuing outcome of the interactions of other factors above. Thus applying this model presupposes that the user, being ill, and seeking medical advice and following medical advice are not only due to medical factors

but also as a result of social factors. Seeking help therefore entails a complex interaction between the individual, his/her perception of health, illness and medical profession and social network, which surround the people.

Triggers and Illness Management

Triggers are closely associated with 'starters'. In its popular use, 'triggers' refer to something that 'starts' off some other actions. It is a type of 'prompters' that 'prompts' an action to take place. There are several definitions; to some, 'triggers' simply mean a device that produces fires or explosives and still others view 'triggers' as prompters or 'motivators.' The Advanced Learners Dictionary defines 'triggers' as something that is the cause of a particular reaction or development. 'Triggers' are thing external, stimuli that initiate a physiological or pathological processes that act or are felt, they could be mechanical devices that initiate a process or reaction which produce a relatively large effect[30]. From the above, it could be inferred that triggers set in motion and make something to happen suddenly. For example, in a view to resolve a health problem, there are associated 'triggers' that are irresistible. Triggers therefore can serve as excuse upon which necessary action is based.

Triggers are bound up with the individual's personal and social circumstances[26]. The experience of bodily changes does not automatically bring the individual's attention to seek help. Similarly[2] supports this assertion that individual who perceives himself ill may not decide to seek help for symptoms or even body changes which in most cases is the 'expected norm' or 'delay' or completely puts it aside [2,26]. These questions then arise, Why do the individual who perceive himself ill decide to consult a doctor? What influences utilization? The occurrences of an interpersonal crisis, such as death of a relative, may call attention of a person's bodily changes and thereafter prompt them to do something about them[31.]

Also perceived interference with social or personal relations – a bodily change interferes with friendships, relationship and every day living prompting action

Others include: Sanctioning – family, friends or significant others agree that help-seeking is needed justified; Perceived interference with vocational or physically demanding activity – changes stop someone carrying out his job or other physically demanding activity and a kind of temporalizing of symptomatology – people place a time limit on their changes, and consults if they haven't resolved by that time. For example, I'll go to the doctor if this cough is still here in a couple of weeks[31,22]. Apart from these, research findings have also revealed that when doctors paid insufficient attention to the specific 'triggers' which prompted an individual or which the individual used as an excuse to seek help, there was a greater chance that the patient would eventually break of treatment. Some studies have also revealed that high degree of interaction with interlocking kinship and friendship networking might well have inhibited women from using ante-natal care services[22,2,25]. Some studies[4] provide some additional help-seeking 'triggers' from work done on women with acute urinary tract infection. Result findings showed that women reported a process of evaluation, monitory, re-evaluation and finally consulting in order to meet their needs. They identified four key 'triggers' for consultation which include the following:

1. Failure to alleviate symptoms through self-care.
2. Symptom duration and escalation.
3. Impeding normal functioning and the fulfillment of social roles.
4. Concern that it may be or become a serious illness.

In their interview, women recounted their experiences from symptoms onset and their attempts to self-manage through to their final decision to attend a General Practice. Interviewees reported a process of evaluation whereby they appraised their symptoms and decided upon a diagnosis, which enable them to target self-care. The initiation of self-care was followed by a period of monitoring which led most to conclude that self-care had in fact failed to work fully or in a timely fashion. Failed self-care led women to re-evaluate their needs and consider whether their symptoms had begun to interfere with work and leisure activities and for many this also included evaluating their fears that their experience may indicate something more serious than urinary tract infection. It was at this junction that women reported having to meet their re-evaluated needs by seeking General Practice (G.P). Furthermore, women expressed fear of the consequences of continued symptoms– particularly the potential for kidney infection. Urinary tract infection was also perceived as alarming because of the nature of the actual already experienced symptoms. Blood in the urine triggered worry repeatedly and formed a strong driver for help-seeking. In addition to specific fears, women reported that prior to consulting; the symptoms had an impact in a generalized or global way, affecting their mood and general overall healthiness. The search for reassurance, concern about complications and worry about symptoms duration served as triggers for consultation and this has been shown in patients with self-limiting conditions[32]. Thus, many factors have been implicated in influencing seeking medical-help. Some patients are ready to use traditional medicine or services of traditional healers at the onset of ill health or smuggle traditional medicine into hospital wards in order to seek protection against future occurrence of ill health after they are discharged from hospital because of belief in magic and witchcraft. Patients in traditional society in which this concept of disease is anchored on magic-religion factors appear to have greater confidence in the therapeutic skills of healers than those of cosmopolitan western-style health-care workers and institution [33]. Similarly triggers for medical help-seeking play significant role in health care utilization by users of health care services. It has been emphasized[34]that triggers for medical help-seeking are crucial because they portray the social dimensions to both illness and disease. Triggers for medical help-seeking are in different forms and they play significant role in health care utilization by users of health care services. The discourse is, however interested in presenting two variables from a pilot study conducted on 50 randomly selected in-patients in a tertiary hospital in Nigeria. In the pilot study[35,] of 50 in-patients were their views were elicited in simple satisfaction questionnaire, Patients receiving health care rated knowledge of professional activity of the doctor as a factor influencing the use of the health care services in the tertiary hospital. They noted that one immediate consequence was the significantly greater readiness of patients who are satisfied to want a repeat utilization where the need arises. The findings showed that the patients expressed satisfaction independently of patients own characteristic.

Below are tables showing the people's knowledge of services that are available prior to the services received from the facility.

TABLE 1: DISTRIBUTION OF RESPONDENTS BY WHETHER THEY ARE AWARE THAT THE DOCTOR IS SUPPOSED TO EXPLAIN THE CAUSE AND TREATMENT REGIMEN OF THEIR ILLNESS TO THEM

Responses	Frequency	Percent	Cumulative Percent
Yes	43	86.0	86.0
No	3	6.0	92.0
I Don't Know	4	8.0	100.0
Total	50	100.0	

Source: Field Work 2013

TABLE 2: DISTRIBUTION OF RESPONDENTS BY WHETHER THEY KNOW THAT IT IS THE RESPONSIBILITY OF THE TEACHING HOSPITAL TO PROVIDE ADEQUATE EQUIPMENT FOR PATIENT TREATMENT

Responses	Frequency	Percent	Cumulative Percent
Yes	45	90.0	90.0
No	2	4.0	94.0
I Don't Know	3	6.0	100.0
Total	50	100.0	

Source: Field Work 2013

The figure above shows the findings from a pilot study conducted on 50 randomly selected in-patients in a tertiary hospital using questionnaire. The results revealed that the choice of the use of the services in the facility is influenced by level of knowledge of not only the quality of the health care professionals, but also knowledge of equipment and comprehensive health care services available. 86% of the in-patients had knowledge of what to expect from the health professionals and the health facility

Conclusion and Recommendations

In the course of the analysis and discourse the author has shown that there are social aspects of health, illness management which are inherently a personal view and which can be considered subjective in nature. Some theories that help provide understanding and explanation of utilization behavior of individuals in health care institution were reviewed especially the terms health, disease and illness management. In the past, not much consideration was given to the subjective meaning and interpretation of individuals seeking help in hospitals. Africans and indeed Nigerians today who accept the germ theory of illness, although a majority may not understand it, seek help that derive there from while at the same time subscribing to the concept of supernatural causation and also seek help there from. Many educated Nigerians are more likely to utilize western-style health care services than those who are non literate at

the onset of and during ill-health. Comparatively, those with formal western education are not obsessed with magico-religious factors in their conception of disease though they may resort to primordial belief after they have suffered from chronic and emotional disorders, while the non-literate think and usually seek help from traditional healers.

Thus health utilization behavior is predicated on and impelled by the conviction that their belief will be well rewarded. Secondly, that the traditional healers are efficient and their medicines are efficacious. Moreover, the non-literate Nigerian, patients, prefer to seek treatment in the compound of traditional healers rather than within the premise of western-style health care institution largely because they, find formalities like queuing to obtain registration, physical examination in the latter as cumbersome, strange, and seemingly alienating. This is however in contrast to formally educated patients who find the environment of western-style health care facilities attractive, conducive and acceptable. It is also obvious in Nigeria that women with formal education are more likely to assume responsibility and take immediate steps to seek help for themselves and their children during ill-health than those of them who have little or no formal western education.

From the foregoing, choice of illness management will depend not only on the perception about efficiency and the effectiveness of the services, but also on how well suited is the therapeutic milieu to the social status of users. Some studies have highlighted the role of economic factors in help-seeking. Family income is an important determinant of the pattern or use of health care institutions because family units take lot of care into consideration before their members seek care among the facilities around them, Other studies have indicated that Nigerians are prepared to use more costly western-style private health care facilities than those with the public sector because of the belief that quality care is provided by the former.

A number of recommendations become pertinent at this junction:

There is need for modern health care institutions to recognize the subjective views of users for timely interventions. Illness and disease have been used interchangeably without due consideration of the distinction that is inherent in both terms.

It is therefore strongly recommended that health care provisions should give considerations to the perceptions of the subjective interpretations attached to the issues of help-seeking especially in the Nigeria context because health care use is not just a behavior that is purely reactive but one that involves intuitive mental processes with purpose and goal.

The views of experts in the field of medical sociology who understand subjective science and its application in research methodology should be sought and should therefore dominate the research units in health care facilities. The need for in-depth understanding of these concepts which are culture bound cannot be overemphasized .These experts will be able not only to uncover social facts that will help in the understanding and improvement of interactions between the doctors and patients during consultation and also between the patients and nurses in health care utilization in different health care facilities but also influence the course of human life which can provide beneficial results.

The understanding, interventions and application of the relevant theories in

relation to illness management is also very crucial because human beings have intention and are aware of purpose. They define situations and give meaning to their actions and those of others.

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