
EDITORIAL**HEALTH SEEKING BEHAVIOUR IN CONTEXT**

Health or care seeking behaviour has been defined as any action undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy(1). This is based on an explanatory model that represents a coherent picture of specific cultural features that affect people's health behaviour. The explanatory model of a particular illness consists of signs and symptoms by which the illness is recognised; presumed cause of the illness and prognosis established(2). These are in turn interpreted by individuals and or significant others and on labeling the problem, proceed to address it appropriately through recommended therapies(2,3).

Health seeking behaviour is preceded by a decision making process that is further governed by individual and/or household behaviour, community norms and expectations as well as provider related characteristics and behaviour. For this reason the nature of care seeking is not homogenous depending on cognitive and non-cognitive factors that call for a contextual analysis of care seeking behaviour. Context may be a factor of cognition or awareness, socio-cultural as well as economic factors.

The interplay of these factors are central in the final choice of a care seeking option. This interplay is such that no one option is selected and we may observe a series of options often reflecting a pattern of resort in care seeking. Typically a health care seeking model will involve recognition of symptoms, perceived nature of illness, followed initially by appropriate home care and monitoring. This may necessitate seeking care at the health facility, medication and compliance. Treatment failure may require a return to the health facility or an alternative care provider. Thus client based factors, provider-based factors caretaker perceptions; social and demographic factors, cost, social networks and biological signs and symptoms work synergistically to produce a pattern of health seeking behaviour(4). What is then observed is a sequential behaviour pattern often drawing from re-definition of illness and a multiplicity of treatment sources.

In addition to explanatory models, there are non-cognitive factors such as availability and cost of health services that are drawn into the decision making process(5,6). The determinant models of health seeking behaviour include demographic aspects such as the level of education; occupation and income of the head of household, which are critical, particularly in developing countries where these have been explored(4). To this extent, cost and physical accessibility of services clearly play a role in influencing the observed health-seeking behaviour.

In their early studies Foster and Anderson(2) noted that underutilization of modern health services is rarely due to the influence of local beliefs or an aversion of western medicine but rather depends on the cost and availability of those services. Whereas availability and physical access is important, it has become apparent that client perspectives on the quality of care as experienced through the client-provider encounter is recognised as playing a major role in health seeking behaviour. An essential factor in determining whether a person seeking health care complies with treatment and maintains a relationship with the health facility and/or provider is client satisfaction. Client satisfaction may be described as the subjective assessment of quality of services received by the client. The assessment of client satisfaction is based on the verbal and non-verbal interaction that occurs between the health provider and individuals seeking information or services(7). Depending on the nature of the interaction, the physical environment and the provider attitude, this experience may influence the client's perspective of the quality of services and ultimately influence the subsequent health seeking behaviour.

In summary it is important to note that health-seeking behaviour is complex and no one-single method may be used to explain or establish any pattern. Health seeking behaviour is a reflection of the prevailing conditions, which interact synergistically to produce a pattern of care seeking but which remains fluid and therefore amenable to change. Prompt health-seeking is critical for appropriate management and for this reason, understanding the determinants of health seeking behaviour becomes critical in the bid to provide client oriented services. The papers presented in this issue of the journal reflect clearly defined problems in the biomedical domain yet different pathways are employed in terms of health seeking behaviour, an observation that prompts us to view health and health seeking behaviour in a broader socio-cultural and economic context.

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