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RESEARCH PAPER

Health Communication and Health Outcome: Analysis of Female Hepatitis Patients in Baluchistan

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ABSTRACT

This study presents an analysis of the underlying factors which affect health communication in female hepatitis patients in Baluchistan. Qualitative research approach has been employed to carefully study the condition of patients having chronic diseases. Purposive sampling technique has been adopted wherein in-depth interviews were conducted with 15 physicians stationed in three public sector hospitals in Quetta. For data analysis, thematic analysis technique was employed. Based on the analysis, this study deduces that better health outcomes are dependent on health communication at individual, organizational and societal level. The study further identifies that health literacy, health behavior, cultural competence, gender, and women perception of diseases affect health communication of female hepatitis patients. The findings of the research suggest that the health communication strategies should be effectively utilized for promoting proper health communication and propagating preventive health awareness. The study further recommends that the academia should step forward to seek the attention of stakeholders to this particular issue. The results of the study have potential implications to strengthen the whole health care system by considering the communicative aspect of public health.

KEYWORDS Baluchistan, Health Communication, Public Health, Women

Introduction

Communication is a very influential activity in social life. It works even in a pin drop silence. People communicate in every situation (Samovar, Porter, McDaniel, & Roy, C.2016; Hodges, & Baker, 2014). Communication is a continuous process ranging from a passive to an active state of interaction (Assmann, 2008). The National Communication Association (NCA, 2019) defined the concept of communication as "how people use messages to generate meanings within and across various contexts, cultures, channels and media". Although the definition uncovers the specific aspect of health, but this is of much importance while focusing interaction among people. Skimmed literature has uncovered the importance of health communication with a focused view of factors involved in different social contexts (Harner, 2010). Furthemore, Parvanta and Bass (2018) posits that the limited needs of patients health communication is of great importance (Slater, Linakis, Usoh, & Kooper, 1996, July). People with diverse ethno-religious backgrounds perceive health and its care system differently (Tooker, 1992). Communicating health in patient oriented and understandable language can make them enthusiast to the prevailing health care system. (Hasnain, Connell, Menon, & Tranmer, 2011). This audience centered approach in health care system can have positive impact on patients' health outcomes (Parvanta, & Bass, 2018; Slater, 1996).

Communication has a prominent role in the fields of medicine and public health (Salmon, & Poorisat, 2020). The communication can be between physician and their patient, health professional and patient or among general public (Zolnierek, & DiMatteo, 2009). Among them, the utmost important is effective communication between physicians and

their patient which directly affect the process of diagnosis and treatment. (Ratna, 2019). Active communication between physician and their patients is of great importance while keeping in view the treatment processes of chronic diseases (Michie, Miles, & Weinman, 2003). Along with creating problems, diseases also create uncertainty for victims' family (Deshpande, 2002). The role of a physician extends to adjust the patients and their families to the problem created by illness (Kleinman, 2020). Communicating information and assuring support and motivating them can have long lasting effects on patients' health outcomes (Travaline, Ruchinskas, & D'Alonzo, 2005).

Gendered Aspect of health Communication

Apart from other determinants of health communication, gender is prominent factor of poor health communication between physicians and their patients (Carrillo, Green, & Betancourt, 1999). This aspect of health care system has been addressed in several studies. With a focused view on the issue, one prominent dimension of health care delivery system must be concerned; to know that with the immense feminization of health in western world, consultation of male patients by female doctors will be common in future (Patrick, et al., 1999). This aspect may demand more concentration that why this happens. In this regard health should be concern as gender neutral. Having more knowledge about gender issues does not necessarily depict that it has been applied in medicine, medical care and health policy (Egede, Zheng, & Simpson, 2002).

Promoting gender sensitivity through health communication requires community based awareness of gender issues (Holmes, 2019). For this purpose woman's concerns of health .i.e. how they perceive health, health needs and their problems must be the focus of the field public health and health communication (Kreuter, & McClure, 2004; Bowleg, 2012). Health communication as field of study may narrow down the miseries of women by focusing upon the issue of how women communicate, deliver and perceive the health messages (Sparks, O'Hair, & Wright, 2012; Jhon wiley et al, 2016). Women should be encouraged to take part in public health communication program so that they could easily understand about their health and make effective decisions (Liuccio, 2015).

The empirical evidences suggest that male and female even smile differently (Hess, Beaupré, & Cheung, 2002; LaFrance, Hecht, & Paluck, 2003). Females give more information than males in conversation (Dindia, & Allen,1992). They even warmly welcome others to take part in conversation than males do in western societies (Dibiase, & Gunnoe, 2004; Briton, & Hall, 1995). Contrary to the western cultures south Asian societies have a strict and normative culture where female like in other aspects of life is still deprived from the very basic rights of health (Burr, 2002). They cannot take active part in communication like the western women do (West, & Turner, 2010). Diverse literature have shown the following factors of women poor communication at three levels i.e. interpersonal level, organizational level and societal level (See for example; Syed, & Pio, 2010; Danna, & Griffin, 1999; Terjesen, Sealy, & Singh, 2009).

Literature Review

Health Literacy

Health literacy is of much importance because its relationship has been proved with health status and better health outcomes both at clinical as well as at societal level (Sørensen, et al., 2012). A sophisticated understanding of health communication and health literacy is required at both interpersonal and organizational levels to enhance better life chances (Nutbeam, 2008). Quality of health care is dependent on clear communication between patient and doctors. (Korsch, & Negrete, 1972; Curtis, Tzannes, & Rudge, 2011). When a patient visits the physician and explains the medical history and symptoms to him/her, based on that information the physicians prescribe the treatment and medicines (Iversen, Vora, Servi, & Solomon, 2011). However, in most of the cases the treatment is less

curative because of the poor health literacy of the patient to communicate the complications (Street, Makoul, Arora, & Epstein, 2009). In such a way, although, a considerable amount of money is spent while screening and treating the disease; in the health care system (Wilson, Jungner, & W.H.O,1968). Yet little consideration is given to the much important health literacy problem (Nielsen, Panzer, & Kindig, 2004).

Disease Related Stigma

Disease related stigma is attached with some diseases like AIDs and sexually transmitted diseases (STDs) even in advanced societies (Nahmias, & Nahmias, 2011). In traditional societies even blood borne diseases like hepatitis B and C also attach stigma (Persson, Newman, Hamilton, Bryant, & Wallace, 2017). People with even hepatitis and other diseases bear a kind of fear while infected with viruses (Fraser, & Treloar, 2006). These attached stigmas affect patients communication and treatment while undermining their health outcomes (Cooper, & Roter, 2003). The present study shed light that how disease related stigma affect health communication of women and health outcomes in the context of pakistan

Cultural Competence of Health Care System

Cultural competence of health care system is of great importance (Leishman, 2004). In advance societies it has been emerged as a separate area of study in the field of health sociology (Oliver, 2018). It shed light on the adoptability of health care system (Dwivedi, Shareef, Simintiras, Lal, & Weerakkody, 2016). In traditional societies proper health care system needs to be adopted and encouraged against folk methods of treatments (Leslie,1998). The said study shed light on the present conditions that how people peruse their health and its treatment.

Cultural competence as a field of health care has been emerged in parts to analyze the causes that may influence the health status and contribute to health disparities among diverse ethnic and racial minorities (Betancourt, Green, & Carrillo, 2003; Betancourt, Green, & Carrillo, 2002). . The significant aim of the field is to make health care system effective to diagnose patients' problem along with focusing their diverse cultural and religious sensitivities relating to their health (Betancourt, Green, & Carrillo, 2002).

Health Related Anxiety

Health anxiety is a condition where someone irrationally starts worrying about her health. (Abramowitz, Olatunji, & Deacon, 2007). The literature highlighted the importance of health related anxiety in health communication and health outcomes (Oh, & Lee, 2019). Scholars are of the view that health anxiety affect health communication in different ways (Asmundson, & Taylor, 2020). Some of the scholars said that health anxiety undermine the decision making process of diseased people. While some of them clarified that it may cause immune depression in ill person (Neelam, Duddu, Anyim, Neelam, & Lewis, 2021). The present study highlighted its effects on health communication and health outcomes of hepatitis patients in the context of Pakistan.

Patient's response to disease and their timely decision is an important step in the healing process (Coombs, Addington-Hall, & Long-Sutehall, 2012). Different studies have analyzed the costs of getting medical attention and getting better health condition result from response and decision making (Kaplan, & Frosch, 2005). Anxious situation caused by disease may result in low patient's ability in decision making (Trill, 2013). Patients often avoid consulting doctors in sever anxious situations (Brown, Barlow, & DiNardo, 1994). They may not avoid doctors in small and minute health problems (Loewenstein, Sunstein, & Golman, 2014).

Theoretical Framework

This section examined the theoretical underpinning of the study. Variety of theoretical approaches supports the present study. Due to multi-dimensional nature the study it needs multiple theoretical approaches to be linked with the arguments. This study examines health communication at individual, organizational and societal levels therefore it is pertinent to employ relevant models of health for each dimension of the study. The theoretical approaches used in the study are health belief model which underpins the health behavior of people and their preventive care of the diseases. The study also employed communication persuasion model that can elaborate about health literacy of people at societal level and media advocacy which is important for behavior change. The study further elaborates the arguments of cultural competence by the theory of planned behavior where it shed light on the attitude of people, their subjective norms and perceived behavioral control. Furthermore the study analyses the argument of health practices and disease related stigma through the background of health life style model. Health life style model propose about living condition of people, their collectivities, age, gender and ethnicity and class circumstances. At the last the study also employed the concept of collectivities which arguments about the thought process of a society and cultural competence. It elaborates that how culture, religion, workplace environment and politics influence the thought processes of people and how the thought processes affect the health.

Material and Methods

To carefully investigate the above aspect of sociology of health and medicine and specifically public health issue, the researcher employed qualitative research approach. Universe of the study was three public sector hospitals in Quetta Balochistan. Target population for the said study was physicians (Gastroenterologists). A total of 15 physicians were chosen as sample of the study. Purposive sampling technique was employed to collect data from the physicians. Interview guide was used as data collection tool. The respondents were approached in their offices. The data was transcribed and themes were extracted from the data. Thematic analysis was employed to analyze the driven themes.

Study Finding

- Gender and Health Communication
- Women Health Behavior and Health Awareness
- Women Ethno-Religious Perception of Health
- Women and Cultural Competence of Health Care System

Results and Discussions

This section aims to explore the factors that affect health communication among female hepatitis patients in Baluchistan. The chapter further elaborates health communication from the point of view of the respondents who frequently practice the phenomenon. It is pertinent to mention here that the findings of qualitative analysis are aligned with the findings explored through skimmed literature. By going through in-depth interviews of the respondents the following themes have been derived from the qualitative interpretation.

Gender and Health Communication

The study found that gender of the patient also maters in doctor patient communication. Female patients could not freely discuss their disease condition with male doctors, and they cannot properly reveal neither in front of male staff nor their male attendants. The study findings were aligned with findings of (Roter, & Hall, 2004). Especially

in cases related to their menstrual cycle or other maternity issues they are very shy to discuss. Barua and Kurz (2001) also narraeted in the same fashion. They prefer female doctors because they feel easy with them while sharing their issues. This argument is also confirmed with the findings of, Degni, Suominen, Essén, Ansari, & Vehviläinen, (2012).

The study further suggest that majority of people are not investing at female health therefore they are not getting much care. Some of the areas are comparatively worse because of the non-availability of female doctors. People are reluctant to use the services of male doctors for their female patients. Most of the time female patients hide their disease history, because of avoiding cultural stigma and taboo. Due to male dominance in the society, the female patients cannot freely express their issues. Their issues are being expressed by their male attendants. They cannot express their health problem in front of male attendants. This causes problems for doctors in diagnosing the disease. The patients both male and female from rural tribal areas are shyer than urban areas.

A study respondent, asserted that;

Most of the time I see female patients visiting female doctors even though they are not specialized in that particular disease. It means that the female patients feel easy with female doctors as compared to the male doctors. This is because of their personal choice and also the influence of culture. I think urban people are more adoptive than rural people in this regard.

In a similar fashion another study respondent narrated that;

Female patient hide their diseases due to fear of hurdles in their marriages. Our society is reluctant to those female who were ill once in their lives. These cultural taboos pushed them away from treatment and proper health facilities.

Based on the above responses the researcher argues that females in our tribal societies of Baluchistan are taught to be quite and talk less that is why they hesitate while communicating. Young female patients are reluctant, and they're represented by their mother or mother-in-law. Female patients also hesitate in sharing personal attributes regarding their diseases in front of their brothers or father.

Women's Health Behavior and Health Awareness

The study findings reveals that due to lack of health awareness and poor health behavior a sufficient number of patients cannot even approach the relevant doctors about their diseases (see also, Taber, Leyva, & Persoskie, 2015). Due to factor they roam for searching relevant doctors. In such a way they miss the accurate time for diagnosis. They visit different doctors and finally get relevant doctors when their health condition becomes worse (Barsky, 1981). This happens due to lack of awareness about the diseases and their proper treatment, which can be overcome by conducting proper health campaign (W.H.O, 2001). The province's facilities of health care system are not fully utilized by the people due to unawareness of the community. It has been observed that the areas with good indicators of education have low prevalence rate of diseases. Literate and urban people have comparatively health seeking behavior then uneducated and rural people. Female, uneducated and rural people are less confident with doctors while communicating. A study respondent, is of the view that;

A lot of patients with five or six years old history repot their disease, because they don't know about the severity of disease or symptoms of disease. The problem is in our health management system. This is either incompetent or not willing to eradicate the situation.

Some other respondents also expressed that health literacy and media advocacy are affecting health outcomes. They think that health literacy is not the focus of health institution

and government. Many communicable diseases are being spread by hair dressers, acupunctures, tattoos maker, and tooth extractions. It can be prohibited through effective health campaign by enhancing health awareness of the people. An almost similar response was given by another respondent that;

Once I posted a health message on social media that taking a seizer and comb, is very easy, to the hair dresser for preventing communicable diseases. I then got very positive responses from people. A lot of them adopted the habit. It reveals that people adopt health seeking behavior if these are the focus of media'.

At individual level it is very difficult for a doctor to completely alter the patient's behavior about their health. Health literacy is a necessary component in prevention. The whole health care system can be made effective if the government take serious steps in this regard.

Furthermore the study suggests that health education is a primary component of health communication. Majority of the patients have no information about their diseases and health care system. The patients understand their diseases according to the lay conceptualizations about diseases, in contrast to the conceptualizations of the doctors. This phenomenon leads towards ambiguity. The study also argued that patients prefer doctors of their own culture because they feel easy while communicating their health issues. Some physicians opine that the patients' education regarding the whole health care system, awareness about health, disease process and better wellbeing is not satisfactory, and this is the reason that they cannot understand dealing with ill situation. Most of the time ill people prefer faith healers and cultural medicine, because their conceptualization synchronizes with the treatment process. A physician narrates*;*

Once I got three patients with internal bleeding in their abdomens. When asked what they have taken in their food. They all responded that they have taken gallbladders of an animal for the treatment of diabetes. When asked why they have done so, they replied that one of our peer recommended so*.*

The above narrated incident depicts the conceptualization of disease and its treatment by the patients. All the respondents have shared their concerns about health education of patients and their impacts on their health outcomes.

This argument also depicts the overall situation of health literacy of the population about the disease process and its treatment. Enquiring about relevant doctors and treatment is a primary process of proper treatment, but due to lack of health education people are unaware about the importance of doctors' expertise.

Women Ethno-Religious Perception of Health

The study argued that Balochistan is a strict tribal zone. People are living with strong cultural norms and religious beliefs. Their cultural understanding and religious beliefs about health and illness keep them away from the new medical system. This makes the situation worse for female patients. Female are not allowed to interact with male doctors. They must be accompanied by brother, father, uncle etc. In front of whom, the female cannot express their health problems. They cannot properly interact with male doctors and so they try to avoid male doctors for checkup. Some of them want their issues to be discussed in isolation but this practice is also not culturally appreciated. This is why they avoid western medicine and try to treat the disease at home by using cultural medicine and faith healing.

One of the study respondent; asserted that;

Most of the time married female patients cannot visit doctors without having male attendants. Strict cultures even don't allow them with husbands. Therefore they cannot reveal freely in front of brother in law or father in law. I have also observed that some female

patients feel hesitation even checking their blood pressure. They are very reluctant to unclothe their arms due to religious beliefs. This is because their strong normative cultures and religious beliefs not appreciate them to do so. Most of the time female are not even allow talking with doctors. In such a situation the communication is definitely disturbed.

An almost similar response was also given by another study respondent, that;

In the context of Balochistan, where there are many ethnic identities. Culture and religion are the main barriers in communication, especially when it comes to female patients. It has happened many times that when I ask something from female patient, she looks at me and then gaze towards her attendant, yet telling nothing. They expect their attendant to tell about their disease. I think this is due to both our cultural norms and religious beliefs. Female is not appreciated to talk freely either in disease or in ordinary life activities. Female Patients are even not allowed to visit doctor without having male attendant which is again disrupting their communication with doctors.

The above responses enable me to assert that people avoid disease related stigma due to cultural norms therefore they cannot disclose many health issues (Gilbert, & Walker, 2010). To deal with this kind of situations the province also lacks enough female doctors for female patients. This is why the patients avoid follow up more early than male patients. I can also argued that strict religious belief also affect female health while pushing them toward faith healing. In many cases religious people prefer healing approaches rather than western medicine. They finally visit doctors in complications. However, at that time the doctors treat complications not diseases.

In the said study majority of the respondent revealed that due to poor health care system and meager public health communication at all levels, different diseases become socially stigmatized (see for example, Stajduhar, et al.,2019). Even those diseases are also being stigmatized, which have no relevance with Sexually Transmitted Diseases (STDs) or different social evils. This is because health awareness of people is undermined where cultural norms and religious beliefs play important role.

One of the physicians, asserted that;

Once a female patient accompanied by a male attendant consulted me for an ordinary health issue. When reached to prescription I asked her about pregnancy. She replied that she has not yet pregnant. I openly prescribed her with medicine which may have side effects on pregnant women. After an hour a person visited my office with my prescription and narrated that my wife could not freely shared the information in front of the attendant. The person with her was her brother in law. This is the issue where female can not share health information neither with family nor with physicians.

Going through enough evidences from the respondent I argue that health situation is worse in the remote areas of province where strict cultural values are in practice. These cultural values play negative role in stigmatizing the diseases. Along with the above stated facts the physicians also stated that misperception about hepatitis is a serious issue. People believe that hepatitis is a fatal disease, therefore it definitely produce fear and anxiety among them, which again push them away from attending to the proper treatment.

Women and Cultural Competence of Health Care System

The study further revealed that strict cultural norms and their religious beliefs push the people away from using western medicines. People are not culturally ready to accept the system as they consider it as alien. The community still not recognizes the civic responsibility of giving way to ambulance and firefighter vehicles. This is just because of the lack of awareness. Our institution like schools, colleges and even universities are not discussing health at societal level. Health is not the priority of our culture. Our culture appreciates power, wealth and status.

The study further revealed that the aspect of non-competency affected the female health more severely. People are still reluctant to treat female by a male doctors. Apart from gynecologists, the province does not have enough female doctors for all other diseases. Therefore female health is affected. Even in some remote areas female patient even avoid interaction with male staff in hospitals. Therefore their admission in hospitals became much difficult. The study further argued that in some cases female are very reluctant to some medical techniques and equipment's e.g. they avoid catheterization, stethoscope at their chest etc. A study respondent, asserted that;

We conduct camping once in a year for hepatitis patients in remote areas of the province. People in some areas show prejudice because they still believe that these people are the agents of non-Muslims. It shows their level of tendency towards health and health care system.

Majority of the respondents agreed that there are multiple reasons of non-compatibility of people with health care system. According to them, strong religious beliefs and cultural norms play its role in this regard. Educated and urban people show better adherence toward health care system. Their adoptability to medical system is better than uneducated and rural people, they also narrated that this is the reason that rural and uneducated rely more on folk healing practices than that of urban and educated people. In a similar fashion another study respondent, asserted that;

Some of my patients left the treatment, because someone said to them that, *Molvi* or *Peer* is very effective for this particular disease. Therefore they left the treatment and started those practices. I think this situation can be made effective if we try to alter the collective thought process of people by educating them.

Based on the above evidence I am able to conclude that, the problem here is that the people are not aware about the health care system, neither government, nor other non-government organizations play their role to communicate about the proper health care system. Far flung areas of Balochistan are still too much detached from the system. They have not been convinced to adapt to the medical care system, therefore their reluctance toward the system is natural.

As the province has a very scattered population, so it is very difficult for government to ensure strong rules in mountainous and far flung areas. Therefore a parallel system of quacks, faith healers, and folk healers is in practice. These health practices brought many challenges to health care system. People followed these practices more convincingly than the proper medical system. The respondents believe that proper health care system has not been delivered and communicated to them, therefore they believe in folk practices. The respondents also believe that many factors play role in this regard i.e. culture, religion, non-accessibility and non-affordability are the major factors of using folk healing practices. They even said that these practices are the patient's first priority, because these are affordable, compatible and available everywhere. People always search for shortcut treatment due to unaffordability, non-accessibility and cultural taboos regarding female health.

Conclusion

The primary focus of this study is to explore the factors involved in health communication that resultantly undermine the health outcomes of women in hepatitis B and C patients in Baluchistan. Hence the study was restricted to patients infected with hepatitis B and C viruses in the provincial capital of Baluchistan, Quetta. Thus comprehensive studies need to be conducted in other regions of the country. This study was limited to only chronic hepatitis patients, therefore health communication and health outcomes of other chronic patients with diseases like diabetes, cardio vascular diseases, pulmonary diseases, cancer etc., should also be enquired through academic researches. As this study explored the factors of health communication and health outcomes from the perspectives of physicians,

thus it is mandatory to explore the factors from the perspective of patients' attendants, family members, community stakeholders and other health care providers.

To conclude, the study explored the factors that promote or undermine the health communication among women in Balochistan. It is recommended in the study that the government, health department and media must play their respective roles to overcome the present situation of health communication. It is also recommended that health communication campaigns should be launched so that health awareness at societal level could be propagated. It is pertinent to mention here that cultural norms and religious beliefs must be made lenient toward health, in general, and women's health in particular. The study also recommends that health should be discussed at forums like schools, colleges, universities, madrasas, public seminars and workshops. It must be the part of public discourse.

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