
Assessment of Health Care Cost and Financial Implications to Health and Illness

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ABSTRACT

The study sought to assess health care costs and the financial implications of health and illness. Everyone knows that eating a balanced diet, exercising and getting plenty of rest is the key to maintaining or learning how to be in good health. The study observed that having a good life and a healthy life is an important aspect of an individual's wellbeing since individuals make a nation. Hence, healthcare could be regarded as one of the necessary conditions for achieving sustainable long-term economic development. Therefore, the study indicated several causes of illness, such as bacteria, viruses, fungi, person-to-person, insect bites, etc. as well as the effect of illness, such as the emotional and economic effect of illness. One of the recommendations made was that all individuals should be health-conscious by promoting their lifestyle in the areas of food, physical activity, and many more. As it is, genetics, lifestyles, the environment, and socioeconomics should be considered as the best variables for health capital. This will help promote good health and reduce the rate of illness.

KEYWORDS: Health Care Cost, Financial Implications, Health and Illness

INTRODUCTION

One universal truth is that good health is true wealth, and happiness lies, first of all, in health. Hence, health is one of the most fundamental conditions of life. Feeling healthy is core to our everyday lives and is reflected in the common greeting, Quality and good health are very important aspects of an individual's wellbeing, and since individuals make a nation, therefore, healthcare could be regarded as one of the necessary conditions for achieving sustainable long-term economic development. Health can be defined as general physical condition, i.e., the condition of the body or mind, especially in terms of the presence or absence of illness, injuries, or impairments (Oduola 2005). The issue of health is a very sensitive one because it deals not just with humans but with the human body. Without a good health condition, it is almost impossible to carry out any economic activity, and if there is any, it will certainly not be efficient, so we really have to take this subject seriously (Cremieux, Oufcellette & Pilon 2010). It has been established in the literature that improvement in health care is an important prerequisite for enhancing human capital development (HCD) in every economy. According to the World Health Organization (2013), health is the level of functional and metabolic efficiency of a living organism. Hence, it defines health in its broader sense in its 1948 constitution as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." Thus, a country's general economic health can be measured by looking at that country's economic

growth and development. Economic growth, on the other hand, is a long-term expansion of the productive potential of the economy.

According to Siddiqui, Afridi and Haq (2000), the improved health status of a nation creates an outward shift in the labour supply curve and increases the productivity of labour with a resultant increase in the productivity of investment in other forms of human capital. Thus, the level of government expenditure on health determines the ultimate level of human capital development, which eventually leads to better, more skilful, efficient, and productive investment in other sectors of the economy (Muhammad & Khan 2007). On a theoretical basis, they have developed models that include health capital as a significant variable for economic growth. Nevertheless, life expectancy is the most commonly used variable to represent it. This variable is defined by the United Nations as the average number of life years since birth according to the expected rate of mortality by age. (Jacobs & Rapaport 2002) also asserts that analysts prefer to focus on a survival time indicator, such as life expectancy, because it emphasizes the duration of health status and places implicit importance on a person's well-being. However, under the classification of the European Commission of Public Health, there are four determinants of health: genetics, lifestyles, environment and socioeconomics, compared to life expectancy, which is the best variable for health capital.

Concept of Illness

Illness is a condition in which the body or mind is harmed because an organ or part is unable to work as it usually does. The concept of illness and related ideas such as disease and sickness have developed into a complete "network of medical concepts" (Nordenfelt, 2007). Examples of illnesses include abdominal aortic aneurysm, acne, acute cholecystitis, acute lymphoblastic leukaemia, etc. Similar to other terms such as injury, malady, and disability, the ways in which they are used sometimes seem arbitrary and interchangeable in everyday language. By contrast, the terms have been the subject of scientific controversy for a long time and still remain without a "standard, normative meaning" (Nordby, 2008). Illness is a feeling or an experience of being unhealthy that is entirely personal and interior to the person of the patient. It frequently occurs in the presence of disease, but the disease may be undeclared, as in the early stages of cancer, tuberculosis, or diabetes. Sometimes illness exists where no disease can be found. Traditional medical education has made the deafening silence of illness-in-the-absence-of-disease unbearable to the clinician. The patient can offer the doctor nothing to satisfy his senses. (Kenneth 2020).

White (2014) states that illness is a particular abnormal condition that negatively affects the structure or function of all or part of an organism, and that it is not due to any immediate external injury. Illnesses are often known to be medical conditions that are associated with specific signs and symptoms. Illness may be caused by external factors such as pathogens or by internal dysfunctions. For example, internal dysfunctions of the immune system can produce a variety of different diseases, including various forms of immunodeficiency, hypersensitivity, allergies, and autoimmune disorders. Illness has evolved. In the past, it was linked to the presence of microbes. Later, emphasis was placed on the constitution and the environment. Nowadays, illness is seen as a system that the body puts in place to find its lost balance. In ancient times, feeling ill concerned only the individual; today, a state of illness can be diagnosed by a physician by objective criteria. Therefore, the concept of illness can be seen from many different perspectives.

The terms "illness" and "sickness" are both generally used as synonyms for disease. However, the term "illness" is occasionally used to refer specifically to the patient's personal experience of his or her disease. (DMDHC 2007). In this model, it is possible for a person to have a disease without being ill (to have an objectively definable but asymptomatic medical condition, such as a subclinical infection, or to have a clinically apparent physical impairment but not feel sick or distressed by it), and to be ill without being diseased (such as when a person perceives a normal experience as a medical condition, or medicalizes a non-disease situation in his or her life—for example, a person who feels unwell as a result of embarrassment, and who interprets those feelings as sickness rather than normal emotions). Symptoms of illness are often not directly the result of infection but rather a collection of evolved responses (sickness behavior by the body) that help clear infection and promote recovery. Such aspects of illness can include lethargy, depression, loss of appetite, sleepiness, hyperalgesia, and inability to concentrate (Johnson 2002; Kelley et al., 2003).

Concept of Health

Health is a dynamic concept with multiple meanings that are dependent on the context in which the term is used and the people who use it. People see health as essential to well-being, but how people define their own health varies according to their own social experience, particularly in relation to their age, personal knowledge, and social and illness experiences. People place a high value on health because, while money and power provide the means for people to attain material things that may benefit their lives, no one can actually buy health. In other words, health itself cannot be bought and sold in the marketplace, although health services can be both bought and sold. Health is intrinsically tied to people's sense of wellbeing and therefore occupies a higher order of meaning in people's lives (Anand 2007).

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition. (2018 World Health Organization). The health of all peoples is fundamental to the attainment of peace and security and is dependent on the fullest co-operation of individuals and states. The achievement of any state in the promotion and protection of health is of value to all. The healthy development of the child is of basic importance; the ability to live harmoniously in a changing total environment is essential to such development. The extension to all people of the benefits of medical, psychological, and related knowledge is essential to the fullest attainment of health.

Healthcare expenditures are soaring at a rapid rate. With people living longer lives and the demand for healthcare services increasing with age, societies face major challenges in determining how to keep people healthy throughout their lives; otherwise, they will be burdened with rising health-care costs. Health systems generally focus heavily on the supply side with the aim of reducing, rationing, and curtailing access to health care to contain health costs. The social cognitive approach works on the demand side by helping people stay healthy through good self-management of health habits. This requires intensifying health promotion efforts and restructuring health delivery systems to make them more productive (Bandura, 2001).

Concept of Health Care Cost

Health care costs among informal patient payments are an important feature of health care systems in many countries around the world (Ensor 2004 and Thompson & Witter 2000). In

some countries, like Kazakhstan, these payments even represent a significant part of the income of healthcare providers. Various authors have explained their existence through cultural perceptions, insufficient funding of the health care sector, and a lack of control and accountability in the health care system. Gaal and McKee (2004) Despite the different explanations, informal patient payments are overall seen as a negative feature of health care provision. Informal patient payments can have adverse effects on equity and can hinder the determination of future funding requirements of the health care sector (Lewis 2007). Empirical studies on informal patient payments provide evidence of the scope and scale of this phenomenon. Such information could motivate and enable policy-makers to look for solutions to the problem of informal patient payments. This is particularly relevant to countries where informal patient payments are condoned by the government mainly because they fill gaps caused by insufficient health care budgets. Healthcare costs continue to grow rapidly, straining budgets and raising questions about whether consumers are getting good value for the money spent. There has never been a more pressing need for conceptually sound and empirically accurate estimates of health care costs for a variety of applications. For example, cost estimates are pivotal in the setting of public and private health care budgets at all levels and establishing reimbursement rates; in cost-effectiveness analyses and other economic evaluations; and in assessing the impact of investments in research to prevent, detect, and treat disease. (Joseph et al., 2009). Yet, the development of valid, reliable, feasible, and comparable (across studies) measures of health care cost has proved to be challenging, both in the United States and elsewhere. Substantial variation exists across studies in data and methods, even for cost studies with seemingly similar intent.

In general, health care costs are a considerable and continuously increasing element of government expenditures in developed countries. Statistics collected by the World Health Organization (WHO) indicate that, between 1995 and 2013, total health care expenditures, as a percentage of the national gross domestic product (GDP), increased in all EU MS. The average health care expenditure share of GDP was 7% in 1995 and increased to 8.76% in 2013. It should be noted, however, that from 2009 to 2010, a slight decrease or stagnation of the total health expenditures was observed in most European countries due to the financial crisis and subsequent austerity measures that were put in place. Economically, there are major reasons that can possibly explain such a growth in expenditures in the health care sector (Folland et al., 2010). First, the use of services and goods is rising. Regarding the health care sector, this means an increase in physician and hospital visits, as well as more prescriptions and drug purchases. This rise is mainly due to a demographic change on account of falling fertility rates and longer life expectancies, which has resulted in an increase in the share of elderly people in our society. Elderly people suffer more often than other adults and children from chronic diseases and are, therefore, more likely to be in need of costly long-term care. Another possible reason for the growth of expenditures is that the goods and services that are consumed are more expensive compared to previous decades. In the healthcare sector, this can be rationalized by the fast emergence of very expensive high-tech products (such as magnetic resonance tomography, magnetic resonance imaging, and other diagnostic technologies) over the last several years. The third reason is that the prices of health care services are rising faster than those of other goods and services (Folland et al., 2010). In other words, the inflation rate in the cost of health care is higher than that in the remaining economy. According to traditional economic theory, this could be due to an increased demand for health care, as mentioned above. However, another explanation has been put forth by health economists: due to the fact that the health care sector is very labor-intensive, the cost of personal services (e.g., services provided by doctors and nurses) leads to

a greater increase in total personnel expenditure than in less labor-intensive sectors (Baumol and Blinder, 2009).

Types of Illness and their Causes

Illnesses have their individual root causes. The cause of one illness may be different from that of another illness. For instance, illnesses such as influenza are contagious and commonly believed to be infectious. The microorganisms that cause these diseases are known as pathogens and include varieties of bacteria, viruses, protozoa, and fungi. Infectious diseases can be transmitted, e.g., by hand-to-mouth contact with infectious material on surfaces, by bites of insects or other carriers of the disease, and from contaminated water or food (often via fecal contamination), etc. (Alexander van Geen, et al., 2011). Also, there are sexually transmitted diseases. In some cases, microorganisms that are not readily spread from person to person play a role, while other diseases can be prevented or ameliorated with appropriate nutrition or other lifestyle changes. The Scottish Burden of Disease Study (2016) Deprivation Report shows that people who live in poorer areas in Scotland are more likely to die early from disease and have more years of ill health. Poorer areas have twice the rate of illness or early death as richer areas. People in Scotland's richest areas are more likely to live in ill health than die early due to ill health, and the number of years of life affected is much smaller. There are differences in rates of early death and ill health seen across socioeconomic deprivation groups by age and sex. According to the report, poorer areas have a higher rate of premature death and illnesses related to mental health, diet, drug use, tobacco and alcohol addiction, and other factors than richer areas. The leading causes of ill health or early death are drug use disorders, heart disease, depression, lung cancer, and Chronic Obstructive Pulmonary Disease (COPD). Some diseases, such as most (but not all) forms of cancer, heart disease, and mental disorders, are non-infectious diseases. Many non-infectious diseases have a partly or completely genetic basis (see genetic disorder) and may thus be transmitted from one generation to another. "Social determinants of health" are the social conditions in which people live that determine their health (Wikipedia, 2018). Illnesses are generally related to social, economic, political, and environmental circumstances. Social determinants of health have been recognized by several health organizations, such as the Public Health Agency of Canada and the World Health Organization, to greatly influence collective and personal well-being. (Olson 2002).

The World Health Organization's Social Determinants Council also recognizes social determinants of health in poverty. When the cause of a disease is poorly understood, societies tend to mythologize the disease or use it as a metaphor or symbol of whatever that culture considers evil. For example, until the bacterial cause of tuberculosis was discovered in 1882, experts variously attributed the disease to heredity, a sedentary lifestyle, depressed mood, and overindulgence in sex, rich food, or alcohol, all of which were social ills at the time. Illnesses are broadly categorized by the study population as mild or severe. However, the perception varied from the community members to the traditional healers. Severe illnesses are those that are thought to require medical treatment, and mild illnesses are those that do not need any medical treatment. Thus, illnesses that need urgent bio-medical intervention and those of long duration are considered to be severe illnesses (Suchismita, Yadlapalli, & Bontha, 2013). However, there are a few exceptions. Measles and jaundice, for example, are considered severe illnesses; however, modern medical treatment is not sought for these illnesses; instead, it is believed and feared that if modern medical treatment is sought, the illness will recur and may even lead to death. Hence, only traditional treatment by the traditional healer is sought for these illnesses; in the case of measles, seeking modern care is even a punishable offence

in this community. The traditional healers reported that these illnesses recur if modern medical treatment is sought. It may also be noted here that for other illnesses, the traditional healer himself advises people to go to the medical facility. Illnesses with less pain, which occur usually like a cold, cough, and headache, are considered to be mild illnesses. The evil-eye-related illness is also considered a non-medical illness, as it can only be cured by a traditional healer. People reported the transmission of some illnesses (Suchismita et al., 2013). The concept of the transmission of diseases is gained from biomedical knowledge people gain through different sources. Thus, illnesses are also classified as transmissible illnesses (such as measles, diarrhoea, leucorrhoea, scabies, etc.) and non-transmitted illnesses. It may be noted here that jaundice is considered to be a non-transmitted illness. Traditional healers' primary classification of illnesses is divided into 1) evil-eye related illnesses and 2) non-evil-eye related illnesses. Again, the evil-eye-related illnesses can be mild or severe. The mild evil-eye-related illnesses can be treated with herbal medicine along with chanting mantras, whereas severe evil-eye-related illnesses warrant animal sacrifice, and it is reported that the traditional healer has to put more effort into removing the severe evil-eye effect before curing the illness.

Causes of Illness

Diseases such as influenza are contagious and commonly believed infectious. The microorganisms that cause these diseases are known as pathogens and include varieties of bacteria, viruses, protozoa, and fungi.

Bacteria: These one-cell organisms are responsible for illnesses such as strep throat, urinary tract infections and tuberculosis.

Viruses: Even smaller than bacteria, viruses cause a multitude of diseases ranging from the common cold to AIDS.

Fungi: Many skin diseases, such as ringworm and athlete's foot, are caused by fungi. Other types of fungi can infect your lungs or nervous system.

Parasites: Malaria is caused by a tiny parasite that is transmitted by a mosquito bite. Other parasites may be transmitted to humans from animal feces.

An easy way to catch most infectious diseases is by coming direct such as person to person, animal to person or mother to unborn child, and indirect contact including: insect bites and food contamination (Mayo Clinic, 2015).

Direct Contact

Mother to Unborn Child: A pregnant woman may pass germs that cause infectious diseases to her unborn baby. Some germs can pass through the placenta or through breast milk. Germs in the vagina can also be transmitted to the baby during birth.

Person to Person: Infectious diseases commonly spread through the direct transfer of bacteria, viruses or other germs from one person to another. This can happen when an individual with the bacterium or virus touches, kisses, or coughs or sneezes on someone who isn't infected. These germs can also spread through the exchange of body fluids from sexual contact.

Animal to Person: Being bitten or scratched by an infected animal — even a pet — can make you sick and, in extreme circumstances, can be fatal. Handling animal waste can be hazardous, too. For example, you can get a toxoplasmosis infection by scooping your cat's litter box.

Indirect Contact

Insect Bites: Some germs rely on insect carriers such as mosquitoes, fleas, lice or ticks to move from host to host. These carriers are known as vectors. Mosquitoes can carry the malaria parasite or West Nile virus. Deer ticks may carry the bacterium that causes Lyme disease.

Food Contamination: Disease-causing germs can also infect an individual through contaminated food and water. This mechanism of transmission allows germs to be spread to many people through a single source. Escherichia coli (E. coli), for example, is a bacterium present in or on certain foods such as undercooked hamburger or unpasteurized fruit juice (Mayo Clinic, 2015).

The Effect of Illness

According to the Cleveland Clinic (2016), when an individual is ill with an acute illness such as bronchitis or the flu, you'll notice that the person feels better and is back to normal within a short period of time. On the other hand, chronic illness is different. A chronic illness may never go away and can disrupt an individual's life and the entire family's life in a number of ways. According to Eiser cited in La Clare (2013), a chronic illness is generally long-term, not curable, results in limitations in daily living, may require special assistance or adaptation in normal functioning, and is an ongoing health condition. Though this definition appears descriptive, chronic illness is difficult to define because it refers to multiple types of diagnoses. Following the diagnosis of an illness, a patient generates an organized pattern of beliefs to cope with it, which in turn influences their behaviour (Petriem, Jago and Devcich, 2007; Petrie, and Weinmann, 2006). These beliefs are based either on their own medical knowledge and experience or on the experience of their friends or family members who have had similar symptoms or diagnoses (Petrie and Weinmann, 2006).

Emotional Effect of Illness: Many countries around the world are experiencing a rapid health transition with a large and rising burden of illness, which is estimated to account for a large proportion of the global death rate (Hani, 2006). Illness involves more than just physical effects; it involves both psychological and emotional effects as well. The emotional impact of illnesses or chronic illnesses revolves around the theme of adjustment, or adaptation (Nasif, 2015). Many individuals who are suffering from chronic illnesses have developed feelings of helplessness, frustration, hopelessness, or great sadness, and many of them have a noticeable worsening of their physical effects under psychological stress (World Wild Essence Society, 2001). It can be evaluated that illness influences how people cope and deal with life events. Furthermore, self-image and self-esteem may be affected during coping with a chronic illness, especially if that illness is painful or imposes limitations that interfere with social activities, school, or work (Laurie and Miller, 2008).

Economic Effect of Illness: Illnesses have been associated with incapacity and this can damage, or have serious economic implications on the individual and his/her family as they generally deprive individuals of their productivity and health potentials (Suhrccke, Nugent, Stuckler and Rocco, 2006). This may also lead to poverty because, due to incapacitated

nature of the patients, he or she will not be able to meet up with economic activities, therefore, brings down his or her financials status or power and equally affects the patients income. From the national perspective, illnesses reduce both work capacity and life expectancy, and therefore, economic productivity; leading to a reduction in the quantity and quality of the nation's labor force (Mohd, Ayob, Abd and Aljunid, 2016). Invariably, the burden of illnesses primarily impacts the income and depletes investment savings of the individual and the household. Usually, the direct economic impacts on the household may arise typically in the form of hospital bills, caregiver allowances, nursing home bills, and other aspects of care (Suhrccke, Nugent, Stuckler and Rocco, 2006).

How to promote good health

Everyone knows that eating a balanced diet, exercising and getting plenty of rest are key to maintaining or learning how to be in good health. Rhodes College (Rhodes College, 2018). However, that can seem to be an impossible task while in college. Frequently, the appeal of sweets, fast food, caffeine, and alcohol outweighs healthy options when you're in the company of friends or under stress from coursework. Here is some information for staying healthy in spite of your college lifestyle.

- Eat a variety of nutrient rich foods
- Eat moderate portions
- Do Not Skip Meals
- Do Not Eliminate Certain Foods
- Foods are not good or bad
- Drink water
- Avoid too much caffeine:
- Fitness and stress management
- Relax

According to the World Health Organization (WHO), good health is not merely the absence of disease; it is also a reflection of the social and mental well-being of people in a community. Thus, to achieve the WHO goal of providing health for all, improvements in a community should aim not simply to reduce disease, but also to reduce social tensions and mental ill-health to acceptable levels.

Health Care Cost and Financial Implication to Health and Illness

Healthcare systems play a crucial role in supporting human health. But healthcare systems also have major macroeconomic implications, an aspect that is not always properly acknowledged. These implications include feedback effects on public revenues and expenditures. Neglecting the macroeconomic impacts of healthcare systems could lead to a suboptimal allocation of scarce public resources (Arah, Westert, Hurst & Klazinga, 2006). Many stakeholders are implicated in healthcare outcomes, for example, through differential access to health care and uptake of services, which can in turn lead to widening health inequities. Health systems have a pivotal role to play in population health, as they directly

and indirectly impact life expectancy and quality of life. By strengthening existing partnerships and working with new partners, health systems can maximize their benefits at the community level. Many stakeholders influence health outcomes, for example through differential access to health care and uptake of services, which can in turn lead to widening health inequities. Health systems have a pivotal role to play in population health, as they directly and indirectly impact life expectancy and quality of life (European Health Report 2012). Healthcare costs and financial insurance reform are of the utmost concern for low-income countries that rely on out-of-pocket payments to finance health treatment, but many new policies have not been sufficiently assessed for their impact on the health and economic stability of households. A review of the World Bank impact evaluation database found that of 41 health-related impact evaluations as of April 2005, health reform and financing studies were lacking (Wagstaff & Yu, 2007).

Healthcare costs and financial insurance reform are of the utmost concern for low-income countries that rely on out-of-pocket payments to finance health treatment, but many new policies have not been sufficiently assessed for their impact on the health and economic stability of households. A review of the World Bank impact evaluation database found that of 41 health-related impact evaluations as of April 2005, health reform and financing studies were lacking. (Wagstaff & Yu, 2007). Chronic care models are also cost-effective as they reduce healthcare service utilization and improve disease management. However, there is no data on the cost of implementing the ICDM model in South Africa. The objective of this study was to estimate the empirical implementation cost of each of the components of the ICDM model in two health districts to inform planning, scaling-up, and further economic evaluations. In addition, we assessed whether the degree of fidelity to the ICDM model guidelines has an impact on the cost of implementing the ICDM model (Coleman et al., 2009; Cronin et al., 2017; Broughton et al., 2016). A cost analysis of the implementation of interventions informs budgeting and economic evaluations. Developing, implementing, and evaluating effectiveness and implementation outcomes are essential in public healthcare research (Rabarison, Bish, Massoudi, & Giles, 2015). The implementation outcomes, or measures of successful implementation of an intervention or a programme, include, amongst others, fidelity, implementation costs, acceptability, and sustainability. Implementation of healthcare costs of interventions reveals the feasibility, scalability, and sustainability of proposed integrated care interventions. Implementation costs are one of the implementation outcomes that also allow decision makers to determine and choose which interventions are efficient and equitable. Fidelity is the degree to which the implementation of a programme follows the original design as outlined in the guidelines. A process evaluation of the implementation fidelity of the ICDM model indicates that the level of fidelity (adherence) to guidelines varies between clinics, with some clinics having high scores (80%–89%) and others having medium (70%–79%) and low (<70%) scores.

CONCLUSION

Having a good life and a healthy life is an important aspect of an individual's wellbeing since individuals make a nation. Hence, healthcare could be regarded as one of the necessary conditions for achieving sustainable long-term economic development. Therefore, the study indicated several causes of illness, such as bacteria, viruses, fungi, person-to-person, insect bites, etc. The effect of illness, such as the emotional and economic effect of illness, types of illness and how to be in good health, such as eating nutritious food, drinking treated water, relaxing, etc.

RECOMMENDATIONS

1. All individuals should be health-conscious by promoting their lifestyle in the areas of food, physical activity, and many more. As it is, genetics, lifestyles, the environment, and socioeconomics should be considered as the best variables for health capital. This will help promote good health and reduce the rate of illness.
2. Every sick person should try self-medication because it is dangerous. As a result, if the cost of a hospital bill is prohibitively expensive, they could consult a primary health center, which is not prohibitively expensive.
3. Health is intrinsically tied to people's sense of wellbeing and therefore occupies a higher order of meaning in people's lives. Hence, people should ensure that health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Hence, all the features of health must be completed by all.
4. The government should help subsidize expenditures on health so that every family can afford it, as it is a known fact that good health determines the ultimate level of human capital development, which promotes better, more skilful, efficient, and productive investment in the economy.

REFERENCES

- Alexander van Geen (2011). Impact of population and latrines on fecal contamination of ponds in rural Bangladesh. *Science of the Total Environment* 409(17), 3174–82
- Bandura, A. (2001). Self-efficacy and Health. *International Encyclopedia of the Social & Behavioral Sciences*.
- Cleveland Clinic (2016). Chronic Illness. Euclid Avenue, Cleveland, Ohio.
- Dorland's Medical Dictionary for Health Consumers (2007) "illness". Elsevier.
- Ensor, T. (2004). Informal payments for health care in transition economies. *Health Policy*. 58 (2): 237-246.
- Gaal P, McKee M: Informal payment for health care and the theory of 'INXIT'. *International Journal of Health Planning and Management*. 19(1) 163-178.
- Hani, A. (2006). Chronic Diseases in Palestine: The Rising Tide. Israeli Palestinian. *Public Health Magazine (Bridges)* 2(3).
- Johnson, R. (2002). The concept of sickness behavior: a brief chronological account of four key discoveries. *Veterinary Immunology and Immuno pathology*. 87 (3–4): 443–50.
- Joseph L., Robin, Y., Martin, L., William, L. & Paul, G. (2009). *Health Care Costing: Data, Methods, Current Applications*. Available at <http://www.medicine.mcgill.ca/epidemiology/courses/EPIB654/Summer2010/Costs/cost%20data%20methods.pdf>
- Kelley, K., Bluthé, R., Dantzer, R, Zhou, J., Shen, W., Johnson, R. & Broussard, S. (2003). Cytokine-induced sickness behavior. *Brain Behav Immun*. 17(1): S112–18.
- Kenneth, M. (2020). Disease, illness, sickness, health, healing and wholeness: exploring some elusive concepts. *BMJ Journal*. 6(1)
- La Clare, H. (2013). *The Impact of Childhood Chronic Illness on the Family: Psychosocial Adjustment of Siblings*. Retrieved from: https://sophia.stkate.edu/msw_papers/218
- Laurie, H. & Miller, C. (2008). *The relaxation response*, Newsletter. Chronic Illness 33.
- Lewis, M. (2007) Informal payments and the financing of health care in developing and transition countries. *Health Affairs*. 26: 984-997.
- Mayo Clinic (2015). *Infectious diseases*. Mayo Foundation for Medical Education and Research (MFMER).
- Mohd, D., Ayob, R., Abd, M. & Aljunid, S. (2016). *National Economic Burden Associated with Management of Periodontitis in Malaysia*. Int J Den.
- Nasif, J. (2015). The Emotional Impact of Chronic Illness. *J Psychol Clin Psychiatry*, 3(6):177-80
- Nordby H. (2008) Medical explanations and lay conceptions of disease and illness in doctor–patient interaction. *Theor Med Bioeth.*, 29(1): 357–70.

- Nordenfelt L. (2007) Understanding the concept of health. Available at: <http://www.fil.lu.se/hommageawlodek/site/papper/NordenfeltLennart.pdf>. Accessed 20Feb.2018.2
- Olson, J. S. (2002). *Bathsheba's breast: women, cancer & history*. Baltimore: The Johns Hopkins University Press. pp. 168–70
- Petrie, K. & Weinmann, J. (2006). Why illness perceptions matter. *Clin Med*, 6(1): 536–539
- Petrium K., Jago L. & Devcich A. (2006). The Role of Illness Perceptions in Patients with Medical Conditions. *Curr Opin Psychi-atry*, 20(1): 163–167.
- Rhodes College (2018) *Tips for Maintaining Good Health*. Available at: <https://www.rhodes.edu/admission-aid/admitted-students/health-forms/health-awareness/tips-maintaining-good-health>
- Suchismita, M, Yadlapalli S. & Bontha V. (2013). Concepts of health and illness: Continuity and change among migrant tribal community in an Eastern Indian city. *Anthropological Notebooks*, 6(3).
- Suhrcke, M., Nugent, R., Stuckler, D. & Rocco, L. (2006). *Chronic disease: An economic perspective*. Oxford Health Alliance, London.
- Thompson, R. & Witter, S. (2000) Informal payments in transitional economies: Implications for health sector reform. *International Journal of Health Planning and Management* 15(1), 169-187.
- Wagstaff, A. & Yu, S. (2007). *Do health sector reforms have their intended impacts?* The World Bank's Health VIII Project in Gansu Province, China. *J Health Econ.*, 26(3): 505–535
- White, T. (2014). *What is the Difference Between an 'Injury' and 'Disease' for Common wealth Injury Claims?* Tindall Gask Bentley.
- Wikipedia (2018). *Disease*. Retrieved from: <https://en.wikipedia.org/wiki/Disease>
- World Health Organization (2018). *WHO remains firmly committed to the principles set out in the preamble to the Constitution*. Available at: <https://www.who.int/about/who-we-are/constitution>
- World Wild Essence Society (2001) Publication of Flower Essence. *The journal of Vibration* 1(2)