

# How Much Do We Care for Social Acceptance: Insights from Five Surgical Cases

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## Abstract

**Background:** Social identity differs from individual identity and is a major determinant of health care seeking behavior. Individual's need for some health care service changes to demand, influence the decision-making process and this lead to opportunity cost lost for that choice. Opportunity cost represents an alternative given up when a decision is made. Insights from all these five case reports show that social acceptance leads to the demand for a surgical procedure, which was either not needed or previous, needed. Their choices cause loss of opportunity cost both in terms of monetary items and in terms of the shadow prices. For the health system strengthening and achieving good service delivery, we must understand the gap between the "NEED" and "DEMAND" of the individuals and community and should think whether to go for behavior change or increasing affordability, accessibility of health care services.

**Review of literature:** Social identity theory explains three factors affecting individual behavior i.e. strength, immediacy and multiplicity. Opportunity cost has been defined as the choices one make to go for the alternative. It differs from the sunk cost, which is the already invested money, or resources and its return expected. Various literature has given its importance and validity of the concept in studying the day-to-day decision or the historic decision made by an individual /society or nation.

**Method:** Five cases of aesthetic surgeries are reported, their need and expectation from the treatment were studied through personal interviews.

**Conclusion:** The above case series shows that although they have a different need for the treatment and they could have undergone treatment at other time but because of the desire of being socially accepted, they have gone for the surgical procedure. This procedure cost them money and resources which could have been used for some alternative use like furnishing their economic needs or a personal one.

## Introduction

Man has always been a social animal. De wall et al thinks belonging to a group was probably helpful to our ancestors. We have weak claws, little fur, and long childhoods; living in groups helped early humans to survive harsh environment. Because of that, being part of a group still helps people feel safe and protected, even when walls and clothing have made it easier for one man to be an island entirely of him. [1-4]

Social identity is a person's sense of who they are based on their group's membership. Tajfel (1979) proposed that the groups (e.g social class, family, football team etc.) which people belonged to were an important source of pride and self-esteem. Groups give us a sense of social identity: a sense of belonging to the social world. [5]

Social identity theory explains three factors affecting individual behaviour i.e. strength, immediacy and multiplicity. Strength is how much power you believe the person influencing has. Immediacy is how recent the influence is and how close to you. Numbers/multiplicity is the more people putting pressure on you to do something, the more social force they will have. [6] Social identity differs from individual identity and is a major determinant of health care seeking behaviour. Individual's need for some health care service is what he/she needs for some particular health problem. Whereas demand see, his/her desire to show health care seeking behaviour that may or may not coincide with his/her need.

Individual's need for some health care service changes to demand, influence the decision-making process and this lead to opportunity cost lost for that choice. [7, 8] Opportunity cost represents an alternative given up when a decision is made. [9, 10]

## Method

Five cases of aesthetic surgeries were selected by snowball technique, which took treatment from a private medical practitioner. In depth interviews were taken and translation and transcription was done. Their need and expectation from the treatment were studied and analyzed. They were grouped into middle and lower economic group according to their annual family income. Lower economic group had annual income less than 2 lakhs and middle income group has annual income between 2 lakhs to 5 lakhs.

Case no 1: Housemaker with a scar mark on forehead due to Bindi adhesive

Case no 2: College student with complain of big lower lip

Case no 3: Daly wager with deformity of lower lip

Case no 4: School dropout girl with pathological sinus on cheek.

Case no 5: College student with complain of retruded/shot chin.

## Discussion

Social identity theory explains three factors affecting individual behavior i.e. strength, immediacy and multiplicity. [9, 11] Opportunity cost has been defined as the choices one make to go for the alternative. It differs from the sunk cost, which is the already invested money, or resources and its return expected. Various literature has given its importance and validity of the concept in studying the day-to-day decision or the historic decision made by an individual /society or nation. Insights from all these five case reports show that care and desire for social acceptance leads to the demand for a surgical procedure, which was either not needed or previous, needed. Three of them belongs to lower economic group and two were of middle economic group yet they have gone for the costly treatment. Five participants included in the study were one homemaker, two-college student, one daily wager and one school dropout female. Two of them actually have need for health care service and three did not have any sort of need for the surgical procedure. [Figure 1]



Figure 1: Patient's photographs

Their choices for undergoing surgical treatment caused them money and resources like time, wage loss, mental stress both for the patient as well as the attendants. This may be view as loss of opportunity cost both in terms of monetary items and in terms of the shadow prices (Time, resources etc.).

Some quotes by the participants:

*"I can't live with this stigma of being cursed for some wrong thing of past life."*

*"For better marriage proposal, a girl should be in a proper condition physically."*

*"Everyone see me as a boy with giant lips."*

*"Many a times people stares at my face and tells me not to drink and drive, I can't explain them that accident was due to road condition."*

*"They used to make fun of my retruded chin and it was shattering my self-confidence."*

For the health system strengthening and achieving good service delivery, we must understand the gap between the "NEED" and "DEMAND" of the individuals and as a community and should think whether to go for behavior change or increasing affordability, accessibility of health care services. [12]

## Conclusion

The above case series shows that although they have a different need for the treatment and they could have undergone treatment at other time but because of the desire of being socially accepted, they have gone for the surgical procedure. This procedure cost them money and resources which could have been used for some alternative use like furnishing their economic needs or a personal one.

## References

- [1] DeWall, C.N. and Bushman, B.J., 2011. Social acceptance and rejection: The sweet and the bitter. *Current Directions in Psychological Science*, 20(4), pp.256-260
- [2] Baumeister, R.F., DeWall, C.N., Ciaracco, N.J., & Twenge, J.M. (2005). Social exclusion impairs self-regulation. *Journal of Personality and Social Psychology*, 88, 589-604
- [3] Baumeister, R.F., & Leary, M.R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*, 117, 497-529.
- [4] Vorauer, J.D., Cameron, J.J., Holmes, J.G., & Pearce, D.G. (2003). Invisible overtures: Fears of rejection and the signal amplification bias. *Journal of Personality and Social Psychology*, 84, 793-812
- [5] Tajfel, H. and Turner, J.C., 1979. An integrative theory of intergroup conflict. *The social psychology of intergroup relations*, 33(47), p.74
- [6] Nowak, A., Szamrej, J. and Latané, B., 1990. From private attitude to public opinion: A dynamic theory of social impact. *Psychological review*, 97(3), p.362
- [7] Sobralske, M.C., 2006. Health care seeking among Mexican American men. *Journal of Transcultural Nursing*, 17(2), pp.129-138
- [8] Jenny, J., 1975. A social perspective on need and demand for orthodontic treatment. *International dental journal*, 25(4), pp.248-256
- [9] Palmer, S. and Raftery, J., 1999. Economics notes: Opportunity cost. *BMJ: British Medical Journal*, 318(7197), p.1551
- [10] Andersen, R. and Newman, J.F., 1973. Societal and individual determinants of medical care utilization in the United States. *The Milbank Memorial Fund Quarterly. Health and Society*, pp.95-124
- [11] Sobralske, M.C., 2006. Health care seeking among Mexican American men. *Journal of Transcultural Nursing*, 17(2), pp.129-138
- [12] Fries, J.F., Koop, C.E., Beadle, C.E., Cooper, P.P., England, M.J., Greaves, R.F., Sokolov, J.J., Wright, D. and Health Project Consortium, T., 1993. Reducing health care costs by reducing the need and demand for medical services. *New England Journal of Medicine*, 329(5), pp.321-325.