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RESEARCH ARTICLE

HEALTH CARE SEEKING BEHAVIOUR IN RURAL AURANGABAD: A CROSS SECTIONAL STUDY

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Abstract

Background: Due to modernization and advances, health care services are quietly improved but at the same time, health seeing behaviour is altered too. After National Rural Health Mission, Public Health Care system have drastically improved in terms of Infrastructure and health workers. Promotion to other treatment pathies by government as AYUSH made awareness to people to have alternate to have extra options. Even in private sector, specialist services are available at Block level. Handy phones and quick availability of treating health care persons as well as over the counter medicine made people to seek health care need easily. Still morbidity and mortality pattern for some illnesses remain part of concern.

Objective: To assess healthcare seeking behaviour among rural population in Aurangabad

Materials/Methods: The Cross-sectional study was conducted in rural field practice area of GMC Aurangabad. Taking health seeking behaviour prevalence as 34.5%, sample size was calculated using Cochrane's formula as 376 taking relative error 5% with 10% non-response rate. By systematic random sampling one member from each household interviewed after taking prior consent. Interview was done using pre designed questionnaire and data on age, sex, occupation, educational status, treatment seeking approach in illnesses was collected. Data was analysed using descriptive statistical methods using MS Excel 365 and SPSS 29 trial version.

Results: As seen 74% respondents have inhibitions in discussing health issue with family members and 59% require permission from head of the family to access health care services. Seventy-three percent respondents are aware of nearby health care delivery system, 60% care to approach nearby healthcare system when ill. After becoming ill, twenty-four% gets some medicine from the nearby medical drug store while 20% still approach nearby spiritual healers for treatment.

Conclusion: Health issue discussions inhibited by gender, occupation, marital status, and literacy. Treatment choice based on fees for working individuals. Health centre awareness linked to gender and literacy. Marital status and literacy impact healthcare decision-making.

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Introduction:-

Health seeking behaviour can be defined as any activity undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy¹.

When a person or his family member or relative of friend becomes ill, how he is tackling treatment seeking demand is point of concern in health seeking behaviour. To broaden it further when there is no disease, but normality of health can be taken into health vision behaviour. The generation of the health-seeking demand and the means of meeting it determines the health-seeking behaviour. In the current scenario, there is quite broad awareness about the health conditions through the media in the form of news. Especially television has played pivotal role in knowledge about the health and ongoing epidemic and health related events in the locality or around the world. As per the Broadcast Audience Research Council (BARC) TV Universe Estimates, In 2022, TV penetration at all India level stands at approximately around 70% at 87% in urban and 61% in rural households. To use these methods no literacy is required. The penetration of the media is being done through television, newspaper and mobile. Mobile has been the different form and knowledge being explored from it through web, through social media through streaming apps. Even self-care attitude does matter for health seeking behaviour. WHO has defined "self-care" as "the ability of individuals, families and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a health-care provider." Everyone wants to be strong and remain healthy throughout his or her life.²

But only awareness does not suffice, the actual health seeking behaviour is influenced by Literacy, Socioeconomic status, religious beliefs, custom taboos, availability of health services, severity of illness, etc.³ Even quality of service in nearby vicinity makes influence on health seeking behaviour.⁴ In Indian context, health or treatment decisions are taken by head of the family and for woman mostly by males like father husband or brother.⁵

Though after first visit to medical facility, further visits are curtailed because of dissatisfaction.⁶

Health care seeking behaviour is a complex and dynamic process. Understanding its determinants in a community is important to know planning National health policies and design appropriate local interventional strategies.⁷ Financial assistance or donation makes people to approach health services.⁸ The National Health Mission (NHM) was launched by the government of India in 2005 in motto to improve rural health service.

Improved core health outcomes and increased access to health services Growth in public health facilities. Under JSY, free pick up and drop back services, free medicine, free lab services to pregnant women and sick infants. NHM supports states for engaging service delivery HR such as doctors, nurses, and health workers and implements the world's largest community health volunteer program through the ASHAs.¹³

Objective:-

To assess healthcare seeking behaviour among rural population in Aurangabad

Materials/Methods:-

The study conducted was Descriptive community based Cross-sectional study. The study conducted during the period of Jan 2022 to Mar 2022 in three villages of rural field practice area of Government Medical College Aurangabad. The field practice was in Paithan block of Aurangabad district. Krushnapur, Dhorkin and Isarwadi villages were part of the study. Sample size was calculated using Cochran's formula. Reddy, et al. conducted study in August 2019 and they found 34.5% have health care seeking behaviour.⁹

$$n = \frac{z^2 * p * q}{e^2} = \frac{1.96^2 * 34.5 * 65.5}{5^2} = 347$$

Where n = calculated sample size Z = 1.96 at 95% Confidence Interval

p = expected prevalence of health seeking behaviour 34.5% q = 1-p & e = Margin of error 5%

Considering a 10% non-response rate, the final sample size was 382.

Based on proportionate sampling method, it was decided to collect data of 53 subjects from Krushnapur village, 154 subjects from Dhorkin village, 150 from Isarwadi village. Houses were selected by systematic random sampling

method. By systematic random sampling one member from each household interviewed after taking prior consent. Study participants were 18 years and above. Chronically ill and bedridden patients were excluded from study. If house found to be locked it was revisited and if on subsequent tovisit, door was locked, the house was excluded from study. Data was collected by visiting house to house and out of 382 estimated samples, 357 respondent gave consent for data collection.

Data was collected by face-to-face interview method. Interview was done using predesigned questionnaire and data on age, sex, occupation, educational status, treatment seeking approach in illnesses was collected.

Analysis:

Data was analysed using descriptive statistical methods using Microsoft Office Excel 365 and Statistical Package for The Social Sciences (SPSS) 29 trial version. $P < 0.05$ was considered as statistically significant.

Results:-

Table 1:- Characteristics of the respondents.

Frequency Table of Characteristics	Sample (N=357)	Percent	
Age	<20	16	4.5
	21-30	56	15.7
	31-40	70	19.6
	41-50	64	17.9
	51-60	84	23.5
	>60	67	18.8
	Total	357	100
Sex	Male	154	43.1
	Female	203	56.9
	Total	357	100
Religion	Hindu	194	54.3
	Muslim	68	19
	Buddhist	60	16.8
	Others	35	9.8
	Total	357	100
Education	Illiterate	100	28
	Literate	257	72
	Total	357	100
Occupation	Not Working	88	24.6
	Working	269	75.4
	Total	357	100
Socioeconomic status	Upper Class	84	23.5
	Upper Middle Class	112	31.4
	Middle Class	59	16.5
	Lower Middle Class	76	21.3
	Lower Class	26	7.3
	Total	357	100
Marital status	Married	330	92.4
	Unmarried	27	7.6
	Total	357	100

Out of 357 respondents, most of the respondents were of age group 51-60 followed by age 31- 40 yrs. Females 57 % were more responsive than males 43% and 92% respondents are married. Most of the respondents are Hindu 54% by religion. Literacy found to be 72% amongst the respondents. 75% respondents are working by occupation and mostly 31% are of upper middle class by socioeconomic status scale.

Table 2:- Health care seeking Behaviours.

Health care seeking Behaviours	Frequency	Percent	95% Confidence Interval	
			Lower	Upper
Do you have inhibitions in discussing your health issues with family members	264	73.9	69.5	78.4
Do you require permission from any of the family members to access health care services	210	58.8	53.8	64.4
Can you make own decisions regarding health care	177	49.6	44.8	54.9
Treating doctor will be chosen based on his consultation fees you aware of nearby functioning health centres	262	73.4	68.3	78.2
Distance from your place will decide the health centre to be visited	286	80.1	76.2	84.3
Are you aware of nearby functioning health centres	262	73.4	68.3	78.2
Do you approach Healthcare systems when ill?	216	60.5	55.2	65.8

As seen 74% respondents have inhibitions in discussing health issue with family members and 59% require permission from head of the family to access health care services. 50% do not take own decisions about health care seeking and 73% respondents think of consultation fees before approaching nearby healthcare facility while for 80% respondents' distance does matter. Seventy-three percent respondents are aware of nearby health care delivery system, 60% care to approach nearby healthcare system when ill.

Table 3:- Health care practice during illness.

Frequency Table of Responses			
		Frequency	Percent
Health care practice during illness	Spiritual healers	71	19.9
	Home remedies	60	16.8
	Over the counter	85	23.8
	Visits RMP	73	20.4
	visit govt health care	68	19.0
	Total	357	100.0

After becoming ill, 24 % gets some medicine from the nearby medical drug store while 20% still approach nearby spiritual healers for treatment. Health care seekers almost equally approaches government as well as private medical facilities.

Association between health seeking behaviour and characteristics.**Table 4:-** Health care practice during illness.

Health care seeking behaviour	Characteristics	Yes	No	Total	p value	odds ratio			
Do you have inhibitions in discussing your health issues with family members?	Sex	Male	78	76	154	0.00	0.09	0.05	0.17
		Female	186	17	203				
		Total	264	93	357				
	Literacy	Illiterate	65	35	100	0.01	0.54	0.33	0.90
		Literate	199	58	257				
		Total	264	93	357				
	Job	NotWorking	76	12	88	0.00	2.73	1.41	5.29
		Working	188	81	269				
		Total	264	93	357				
	Marital status	Married	249	81	330	0.02	2.46	1.11	5.47
		Unmarried	15	12	27				
		Total	264	93	357				

Are you aware of nearby functioning health centres	Sex	Male	128	26	154	0.00	2.54	1.52	4.23
		Female	134	69	203				
		Total	262	95	357				
	Literacy	Illiterate	65	35	100	0.02	0.57	0.34	0.93
		Literate	197	60	257				
		Total	262	95	357				
Can you make own decisions regarding health care	Literacy	Illiterate	40	60	100	0.02	0.58	0.37	0.93
		Literate	137	120	257				
		Total	177	180	357				
	Marital status	Married	158	172	330	0.02	0.39	0.16	0.91
		Unmarried	19	8	27				
		Total	177	180	357				
Treating doctor will be chosen based on his consultation fees	Job	Not Working	78	10	88	0.00	3.60	1.78	7.31
		Working	184	85	269				
		Total	262	95	357				

Discussions:-

As seen in Table 2 74% respondents have some sort of inhibitions while discussing health issue with family while 58.8% need to take permission to seek health care.

Half of the participants do not take own decisions about health care seeking and 73% respondents worry about consultation fees before taking treatment while for 80% respondents' distance does matter to approach health care facility. Seventy-three percent respondents are aware of nearby health care delivery system, 60% care to approach nearby healthcare system when ill. As per table 2, cost of treatment and convenience of approach does matter for most participants contrary to the study by Hemant Kumar et al.⁷

Health Seeking Behaviour and Healthcare Utilization in a Rural Cohort of North India study by Rajaram Yadav et al show that 63% approach private set up while in our study as per table 3 private and government approach is quite similar.⁶ But despite medical practitioners 60.6% participants prefer medical care from other than doctors contrary to findings of by Rajaram Yadav et al study which shows only 20.8% seek health care from informal health care.⁶

As per table 4, Sex, Literacy, Job and Marital status are significant for discussing health issues at family while literacy is significantly decisive for making decision for seeking health care and about knowledge about nearby health care centres. Job is significant factor for deciding the health care seeking due to consultation fees.

Conclusion:-

There is a certain inhibition in the family about health care seeking approach and independent decision cannot be made by family members. Spiritual healers, self-medication at home or from over-the-counter medicine is preferred in spite of availability of health persons.

Recommendations:-

Publicity needed about health care centres and family counselling could be part of health persons home visit about health care inhibitions and decision making

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