Original article

Health seeking behavior of the population in the field practice area of Government Medical College, Amritsar

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Abstract

Background and objectives: Among the various aspects of health, the social aspect includes behavior of the people and a beneficial health seeking behavior requires correct knowledge about causes of ill health and choices available for treatment of a disease. So this study was undertaken to study the health seeking behavior of the population.

Materials and Methods: In this cross-sectional study, 1514 families (756 urban and 758 rural) were studied over a period from 1st January 2014 to 31st August 2014. They were interviewed with the help of pretested and pre-structured questionnaire regarding their health seeking behavior. The data collected was statistically analyzed.

Observation and Results: More than one third i.e. 36.40% belonged to Upper Lower class according to the modified Kuppuswamy Scale of socio-economic status. About one-fourth (23.07%) of the total health problems in families were Cardiovascular problems. More than half of the families (57.66%) visited a Doctor as a first contact for their health problems. Out of the total reasons given for choosing the first contact for health problems, less than one-fourth i.e. 23.13% were that the first contact is 'nearby'. Majority of the families 78.47% were fully satisfied with their first contact. Out of 326 families who were not fully satisfied with their first contact, more than two third (69.63%) visited other healer in another area. Majority of the families (63.14%) had Allopathy as their first choice of system of medicine.

Conclusion: The practice of visiting qualified health care providers was more in urban areas as compared to rural areas.

Keywords: health, behavior, treatment

Introduction:

The World Health Organization defines health as 'a state of physical, mental and social well-being, and not merely the absence of disease or infirmity.' Among the various components of health like physical, mental and social, the aspect of social well-being has an importance of its own. Social well-being is defined as the ability to form satisfying interpersonal relationships with others and to adapt comfortably to different social situations and act appropriately in a variety of settings [1].Beliefs vary from region to region and are quite distinct in different ethnic settings. They are known to influence the health and disease states in a variety of ways. India is an agriculture based country and most of the populations reside in the villages and which had no access to education and health facilities. It is thought that even the strategic policy formation in all health care systems should be based on information relating to health promoting, seeking and utilization

behaviour and the factors determining these behaviours. All such behaviours occur within some institutional structure such as family, community or the health care services. The factors determining the health behaviours may be seen in various contexts: physical, socio-economic, cultural and political. Therefore, the utilization of a health care system, public or private, formal or non-formal, may depend on socio-demographic factors, social structures, level of education, cultural beliefs and practices, gender discrimination, status of women, economic and political systems environmental conditions, and the disease pattern and health care system itself. So as already discussed, the health seeking behavior has the potential to the health of people, so this study was planned to study such behaviour. [2-6]

Aims and Objectives:

1. Tostudy the health seeking behavior of the population
2. To compare health seeking behaviour of urban and rural population.

Materials and methods:

In this cross-sectional study, 1514 families in urban and rural area were studied over a period from 1st January 2014 to 31st August 2014. House to house survey was conducted in both the rural and urban areas attached to field practice area of Govt. Medical College, Amritsar. These areas were selected randomly by drawing of lots. Elderly lady of the house was selected for the interview. After explaining the purpose of study, the informed consent was taken and a predesigned and pretested questionnaire was filled in vernacular language. This annexure contained questions related to the socio demographic profile and health seeking behaviour of the family members. The information thus collected was compiled and subjected to statistical analysis and a valid conclusion was drawn.

Statistical Analysis:

Data collected was entered in Microsoft officeexcel and then analysed using Epi info version 7 Software. Descriptive statistics was presented in frequency and percentage and chi-square test was applied for categorical variables.

Observation and Results:

Out of total 1514 families surveyed, 756 were present in the urban setting and 758 were present in the rural setting. More than one third i.e. 36.40% belonged to Upper Lower class according to the modified Kuppuswamy Scale of socio-economic status. In urban setting 41.28% of families belonged to Upper Middle class and in rural areas more than half i.e. 51.45% of families belonged to Upper Lower class. Table 1 shows that out of 2146 health problems mentioned by 1514 families, about one-fourth (23.07%) were Cardiovascular problems (including Hypertension) out of which 53.33% were from urban setting and 46.67% were from rural setting. Table 2 shows that, more than half of the families (57.66%) visited a Doctor as a first contact for their health problems whereas 46.23% visited other healers (RMP, Chemist, Faith healer and Hakeem). Out of 756 urban families, majority i.e. 72.22 % visited a Doctor whereas in rural setting, more than one third (35.35%) visited a Doctor. The choice of families for Doctors was more in urban setting and it was found to be statistically significant. (p value<0.00001). Table 3 shows that out of the total reasons given for choosing the first contact for health problems, less than one-fourth i.e. 23.13% were that the first contact is ‘nearby’. Out of 546 families visiting a Doctor in urban setting, mostly i.e. 39.96% gave the reason that they got cured whereas in rural setting, the reason

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given by more than one-fourth of respondents (28.11%) was that Doctors are qualified. Out of 210 families visiting healers other than Doctors (RMP, Chemist, Faith healer and Hakeem) in urban setting, 29.68% gave the reason that they 'know them personally', whereas in rural setting, out of 490 families, most i.e. 47.47% gave the reason that they are 'nearby'. Table 4 shows that majority of the families 78.47% were fully satisfied with their first contact. In urban setting, 83.86% were fully satisfied, whereas in rural setting, about three fourth (73.09%) were fully satisfied, with their first contact and this difference was found to be statistically significant (p value-<0.00001). Table 5 shows that out of 326 families who were not fully satisfied (including partially and not satisfied) with their first contact for health problem, more than two third (69.63%) visited other healer in another area.Out of 122 families of urban setting who were not fully satisfied, 64.75% of them visited other healer in another area whereas in rural setting, among the 204 families, 72.6 % of them also visited other healer in another area. Table 6 shows that majority of the families i.e. 63.14% had Allopathy as their first choice of system of medicine and out of them 40.17% families were from urban setting and more than half (59.83%) were from rural setting .

Table 1: Distribution of health problems in the family members (Multiple answers were permitted)

Response	**Urban n1=756**	**Rural n2=758**	**Total N=1514**
Diabetes Mellitus	274(22.53%) [69.89%]	118(12.69%) [30.1%]	392(18.27%)
Cardiovascular (including Hypertension)	264(21.71%) [53.33%]	231(24.84%) [46.67%]	495(23.07%)
Fever	159(13.07%)	119(12.79%)	278(12.95%)
Respiratory Tract Infections	132(10.85%) [70.21%]	56(6.02%) [29.79%]	188(8.76%) [%]
Abdominal	47(3.87%)	56(6.02%)	103(4.8%)
Pain(Any Type)	140(11.51%)	77(8.3%)	217(10.11%)
Any other	200(16.45%)	273(29.35%)	473(22.04%)

Table 2: Distribution of families according to choice of first contact for health problem

Response	**Urban**	**Rural**	**Total**
Doctor	546(72.22%)	268(35.35%)	874(57.66%)
Others	210(27.77%)	490(64.64%)	700(46.23%)
Total	**756(100%)**	**758(100%)**	**1514(100%)**

p value<0.00001 **Chi Square= 206.941**

Others include RMP's, Chemist, Hakeem and faith healers.

RMP means practice without any certification or registration

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Table 3: Distribution of reasons for choosing their first contact for health problems (Multiple answers were permitted)

	Doctor		**Others**		**Total**
Response	**Urban**	**Rural**	**Urban**	**Rural**	
Qualified	112(20.51%)	79(29.47%)	29(13.80%)	59(12.04%)	279(18.42%)
Know Personally	122(22.34%)	11(4.10%)	65(30.95%)	38(7.75%)	236(15.58%)
Get Cured	227(41.57%)	67(25%)	26(12.38%)	43(8.77%)	263(16.62%)
Inexpensive	5(0.91%)	8(2.98%)	4(1.90%)	76(15.51%)	93(6.14%)
Is Nearby	13(2.38%)	54(20.14%)	55(26.19%)	244(49.79%)	366(24.17%)
On Someone's Advice	8(1.46%)	47(17.53%)	28(13.33%)	41(8.36%)	124(8.19%)
Gives lesser doses	3(0.54%)	1(0.37%)	7(3.33%)	4(0.81%)	15(0.99%)
Other Options have side effects	63(11.53%)	9(3.35%)	2(0.95%)	5(1.02%)	79(5.21%)
Any other	15(2.74%)	5(1.86%)	3(1.42%)	4(0.81%)	27(1.78%)

Table 4: Distribution of respondents according to the level of satisfaction with first contact for health problems.

Response	**Urban (n1=756)**	**Rural (n2=758)**	**Total (N=1514)**
Fully Satisfied	634(83.86%)	554(73.09%)	1188(78.47%)
Partially Satisfied	51(6.75%)	137(18.07%)	188(12.42%)
Not Satisfied	71(9.39%)	67(8.84%)	138(9.11%)
Total	**756(100%)**	**758(100%)**	**1514(100%)**

P value<0.00001 Chi Square=44.841

Table 5: Distribution of families according to the action who were not fully satisfied with the first contact for health problem.

Response	**Urban n1=122**	**Rural n2=204**	**Total N=326**
Other healer in another area	79 (64.75 %)	148 (72.6%)	227(69.63%)
Other healer in same area	32 (26.23%)	21 (10.3%)	53(16.26%)
Any other	6 (4.92%)	16 (7.84%)	22(6.75%)
No visit	4(3.28 %)	13 (6.37%)	17(5.21%)
Visit to the same healer	1 (0.82%)	6 (2.74%)	7(2.15%)
Total	**122(100%)**	**204(100%)**	**326(100%)**

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Table 6: Distribution of families according to their first choice of system of medicine.

Response	**Urban n1=756**	**Rural n2=758**	**Total N=1514**
Allopathy	384(50.8%) [40.17 %]	572 (75.46%) [59.83%]	956(63.14%)
Homeopathy	169(22.35%) [86.22%]	27 (3.56%) [13.77%]	196(12.95%)
Ayurveda	16(2.12%) [16.49%]	81(10.7%) [83.51%]	97(6.41%)
None of these	187(24.74%)	78 (10.29 %)	265 (17.5%)
Total	**756(100%)**	**758(100%)**	**1514(100%)**

Discussion:

In current study, out of totalCardiovascular problems (including Hypertension) in the population, 53.33% were from urban setting and 46.67% were from rural setting. HarkrishnaBn et al in their study cited that, the prevalence of some of the Lifestyle diseases like Diabetes Type 2, Hypertension, Obesity, Depression in Urban setting in comparison with rural is statistically significant. [7].In our study, out of 756 families in urban area, 72.22% of families were going to Doctors whereas in rural setting, 64.64% visited other healers as a first contact for health problems. Gautham M. et al (2011) in their study cited that '69.5 per cent of respondents accessed non-degree allopathic practitioners (NDAPs) practicing in or near their village; in Orissa, 40.2 per cent chose first curative contact with NDAPs and 36.2 per cent with traditional healers.' RMP's in Punjab can be considered similar to NDAP's and 42.48% of rural people of Punjab were going to them as the first contact. In India, more than 40 Lakh RMP Doctors are providing their Primary Health Care Services in rural, urban and also in city setting [8].

In our study, in rural setting, out of 490 families, most i.e. 47.47% gave the reason that they visited other healers (mostly RMP's i.e. Registered Medical Practitioners) as they were 'nearby'. Gautham M et al in their study cited that, 'most rural persons seek first level of curative healthcare close to home, and pay for a composite convenient service of consulting-cum-dispensing of medicines [8]. In our study, in urban setting, 83.86% were fully satisfied, whereas in rural setting, about three fourth (73.09%) were fully satisfied, with their first contact. This difference of full satisfaction between the urban and rural setting can be attributed to the fact that majority of people in urban setting were going to Doctors who were more qualified whereas in rural setting most of the people were going to RMP's who were less qualified and hence may not diagnose or treat the patient effectively.In our study, out of 122 families of urban setting who were not fully satisfied, 64.75% of them visited other healer in another area whereas in rural setting, among the 204 families, 72.6 % of them also visited other healer in another area. It is being observed here that more number of people in rural setting were changing their type of healer which may be attributed to the fact that most of them were going to RMP's as first contact for health problem and when they were not cured or were not fully satisfied, they might be going to a more qualified medical practitioner, probably a doctor.

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In our study, out of the total families who had Allopath as their first choice for system of medicine, 40.17% families were from urban setting and more than half (59.83%) were from rural setting. This difference can be attributed to the fact that people living in the rural setting primarily go to RMP's for their treatment and they might be practicing the Allopathic system of Medicine. Similarly Narayana K.V. (2006) also stated that, 'a large number of practitioners in the allopathic medicine have no professional qualification and no license to practice any system of medicine. They practice on the basis of the practical experience in the hospitals and clinics. The unqualified medical practitioners were popularly known as RMPs [9].'The availability of homeopathic clinics is more in cities and lesser in rural setting, therefore people in rural setting do not have any knowledge about Homeopathy and hence lesser belief. Moreover people of the urban setting due to more awareness and sources of information were generally more skeptical about any system of medicine, so more percentage of people in urban setting state that they don't believe in any system of medicine.

Conclusion:

From the present study, it was concluded that the practice of visiting qualified health care providers was more in urban areas as compared to rural areas. More percentage of people were satisfied from their health care providers in urban area as compared to rural area. The population in rural area was visiting health care providers other than Doctors because they are nearby or they were inexpensive.

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