Assessment of Health seeking Behavior and the Factors associated

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Introduction

Health seeking behaviour in terms of illness; behaviour refers to those activities undertaken by individuals in response to symptom experience. Health seeking behaviour is influenced by a large number of factors apart from knowledge and awareness. This behaviour among different populations, particularly in rural communities, is a complex outcome of many factors operating at individual, family and community level including their bio-social profile, their past experience with the health services, influences at the community level, availability of alternative health care providers including indigenous practitioners and last but not the least the perception regarding efficiency and quality of services. Belief systems prevalent in the communities i.e. how people conceptualise the aetiology of health problem and how symptoms are perceived is an important factor in deciding the first step of treatment seeking. With this perspective, present study was undertaken with an objective to find the factors associated with the health seeking behaviour of community members (above 60 years)and also to know the difference between rural and urban health seeking behaviour.

Methodology

Study Settings

This study was conducted in a village-Veniveerapura, Bellary district and in the Urban slum (Golaretti) of Bellary district, Karnataka, India.

Study Subjects

Included elderly people aged 60 and above, residents of Veniveerapura village and Golaretti area of Bellary district, Karnataka, India.

Exclusion criteria

The subjects who did not give their consent and the migrants were excluded from the study.

Study Design

A Cross Sectional Study.

Sample Size

200

Sampling Technique

Systematic random sampling.Study Period: March 1st, 2012 to June 15th, 2012.

Method of data collection

After obtaining informed written consent, data was collected using pretested, semi structured questionnaire by interview technique and all the relevant information was gathered.

Statistical analysis

Data was entered in Microsoft excel and analysed using SPSS 17.0 version .The statistical test used were Proportion, Mean, Chi-square test and independent T test.

Ethical consideration

Permission was taken from the respective authorities of the institution and written informed consent was taken from study subjects.

Results

The study included 200 study subjects among them 100 were rural and 100 were urban comprising of 51% males and 49% females. The mean age of study subjects was 66.03±5. Among the study subjects 81.5% were Hindus and 18.5% Muslims, among whom 72% were illiterates and 72% people presently do not work. 68% people do not have their own source of income and 65% of them are fully dependent for their financial needs, among them 72.5% are solely dependent on their children. Currently 52.5% of the subjects live with their spouse and children. The standard of living index of study subjects-21% belongs to low, 47.5% middle, 31.5% high. 100% morbidity was seen and morbidity pattern included 33% hypertension, 26% diabetes mellitus, 8.5% both and 10.5% knee pain. Treatment taken by the study subjects for chronic illness show 90.5% allopathic treatment,6% indigenous treatment,2% self treatment,1.5% no treatment. Among the study subjects 48.5% visit pvt clinic, 13.5% visit PHC for their treatment. The study subjects go to this particular place for treatment because 64.5% say the doctor is good, 17.5% close to house, 12% non expensive. 13% of the study subjects do not take the treatment regularly, among them 70% say medicines are expensive and taking them is not necessary. 43.5% took self decision in deciding where to go for treatment while in 41.5% subjects their sons decided. The study subjects were accompanied to the healthcare facility - 39.5% by their sons,24% daughter,18.5% spouse,15% nobody. Almost 60% 0f them received money from their sons for the consultation.There was a difference in standard of living index which was low among rural study subjects

compared to urban (p-0.01). There was no difference in prevalence of illness neither was there a difference in seeking allopathic medicine in rural and urban areas (p-0.30). 74% of urban study subjects visited pvt clinics, son being the decision maker for 60% when compared to 23% in rural study subjects among whom son was the decision maker for 23%. There was no much difference between urban and rural subjects in taking prescribed medicines regularly (p-0.21).

Conclusion

The health seeking behaviour for chronic illness is better than that for acute illness. Subjects with low and middle Standard of living index were found to be associated with better health seeking behaviour for chronic illness while the ones with high were having better health seeking behaviour for acute illness. Both the urban and rural people prefer allopathic medicine over other systems of practice. ity of life of the caregivers.