

# Health-Seeking Behavior and its Determinants among Attendees of a Tertiary Care Hospital in Visakhapatnam

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## Abstract

**Background:** Health-seeking behavior is an important factor in health management, but this is often ignored while providing health facilities to people. The main aim of the study was to understand health-seeking behavior and to find out their perceptions of better healthcare delivery.

**Methods:** This descriptive cross-sectional study was conducted among 400 attendees of a tertiary care hospital in Visakhapatnam by systematic random sampling from August to September 2021. The predesigned; pretested questionnaire was administered among them after obtaining their valid informed consent.

**Results:** More than half of them were between 20-30 years age group and females, >3/4th were married, Hindus were dominating and belonged to socio-economic class IV and V. 83.25% of participants living in nuclear families. 62% thought that they are having better health currently. 47.5% preferred government health facilities for their illness. Only 14.8% of the attendees visited the health facility immediately on the day of onset. Half of them used their personal funds/savings for treatment. More than 1/4th had health insurance to cover their health expenditure and their income was affected by sickness.

**Conclusion:** It is essential to carry out health awareness measures to reduce disease burden and to reduce the time gap between the onset of symptoms and utilizing health care services.

**Keywords:** Health Seeking Behaviour, Determinants, Tertiary care hospital

## Introduction

According to WHO, health is a state of complete physical, mental, and social well-being and not merely

the absence of disease or infirmity.<sup>1</sup> It is not a static condition, constant change and adaptation to stress result in homeostasis. When an individual decides about health, he/she weighs up the potential risks or

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benefits of a particular behavior. But they do so in a way that is mediated by their immediate practical environment, their social rootedness, socioeconomic status, and their whole outlook on life more generally which may or may not be relevant to an act of health-seeking behaviour.<sup>2</sup>

Health-care-seeking behavior was defined as: formal, when professional help was sought from health care services and/or health care providers (physicians, psychologists); informal relational when help was sought from members of his / her social network (parents, friends, teachers, trusted persons.<sup>5</sup> There is urgent need to address the reasons behind their perceptions regarding their current health status being average and poor health.<sup>3</sup> Health-seeking behavior is drawing out the factors that enable or prevent people from making 'healthy choices', in either their lifestyle behaviors or their use of medical care and treatment. Thus, health care-seeking behavior is conceptualized as a 'sequence of remedial actions' taken to correct 'perceived ill-health'.<sup>4</sup>

Health-seeking behavior is an important factor in health management, but this is often ignored while providing health facilities to people. As a result, facilities for providing health care do not get the desired acceptance of the community and are therefore rendered unsuccessful. Not only the decision-makers, but health care provider should also understand the health-seeking behavior of the community along with their health-seeking practices and their perception regarding the service delivery. This becomes especially relevant among underprivileged populations like urban slums, and tribal populations.<sup>7</sup> In this view, this study was conducted among attendees of a tertiary care hospital which is one of the centers working for the urban slum population and rural population in Visakhapatnam offering OPD, IP, and emergency services, with the following objectives.

1. To understand the health seeking behavior among attendees at the tertiary care hospital.
2. To assess the healthcare utilization and financing of the attendees in the last year.
3. To know the perception of the participants about their health currently and in the last year.

## Methodology

**Study design:** It was a descriptive cross-sectional study.

**Study setting:** A tertiary care hospital in Visakhapatnam.

**Study population:** Attendees of a tertiary care hospital in Visakhapatnam who were more than 18 years of age.

**Sample size calculation:** By using the below formula sample size was calculated.

$$\frac{\frac{z^2 \times p(1-p)}{e^2}}{1 + \left( \frac{z^2 \times p(1-p)}{e^2 N} \right)}$$

n= 384 is the minimum sample required for the study, we included 400 participants.

**Sampling method** Individuals visiting to tertiary care hospital were selected by systematic random sampling method.

**Data collection:** Daily nearly 400 patients visit the respective OPD. Every 5th person visiting to adult OPD was selected. A predesigned and pretested questionnaire was used to collect the required data from the participants. The questionnaire consisted of 4 sections which included Socio-demographic data, perception about their health currently and for the last 1 year, Health seeking related questions, and Healthcare utilization and financing in the last year.

**Duration of the study:** From August 2021 to September 2021(2 months).

### Inclusion criteria:

Adults (more than 18 years of age) attending and residing near tertiary care hospital in Visakhapatnam.

### Exclusion criteria

Individuals not willing to take part in the study and very sick individuals.

**Data Analysis:** Data entry was done by using MS excel and data analysis was done by using Statistical Package for Social Sciences (SPSS) version 21. Frequencies and percentages were used to convey descriptive statistics.95% confidence intervals were calculated.

## Results

The Socio-demographic profile of the study population was shown in Table 1. Majority (57.25%) of the participants were females. The most common age group visited to tertiary care hospital was between 20-30 years age group (55.75%). 78.5% of participants were Hindus and 79.25% were married. 83.25% of participants living in nuclear family. According to modified kuppuswamy classification 35.8% belonged to Class IV and 20.5% to Class V.

Health-seeking behavior of the participants is shown in Table 2. 64.25% did not suffer from any serious diseases in the last 1 year and the main reason behind the serious disease was believed to be heredity (65.74%). Out of diseased persons, 93.71% took the treatment, while 6.29% haven't taken any treatment for the disease. The main reasons for not taking the treatment were lack of knowledge (28.3%) and lack of nearby health facilities (20.7%).

Health care utilization of the participants is shown in Table 3. 47.5% of participants availed Government health facilities for their illness and the reason for choosing a particular health facility was affordability (31%) and less distance from home (23.8%). Only 14.8% of the attendees visited the health facility immediately on the day of onset. 56.5% of participants took 15-30 minutes to reach the nearest health facility.

Health care financing of the participants is shown in Table 4. 51.8% of the attendees used their funds/savings for treatment. Only 39.5% of the participants had health insurance. 21.2% availed of health services free of cost. More than 3/4th of their income is insufficient to meet the health expenditure.

Perception about their health currently and for the last 1 year based on Likert scale was shown in Table 5. 62% of them thought that they are having better health currently while 44.5% had good health in the past year.

**Table no.1: Socio-demographic profile of the study population (n=400)**

Variables		Frequency	Percentage (%)
Gender	Male	171	42.8
	Female	229	57.3
Age (in years)	<20	29	7.3
	21-30	223	55.8
	31-40	66	16.5
	41-50	42	10.5
	51-60	21	5.3
	>60	19	4.8
Religion	Muslim	40	10
	Hindu	313	78.3
	Christian	47	11.8
Marital status	Married	319	79.8
	Unmarried	61	15.3
	Divorcee	4	1
	Widow/Widower	16	4
Education	Illiterates	47	11.8
	Primary school	14	3.5
	Middle school	10	2.5
	High school	33	8.3
	Intermediate	214	53.5
	Degree	82	20.5
Socioeconomic class	Class I	27	6.8
	Class II	34	8.5
	Class III	114	28.5
	Class IV	143	35.8
	Class V	82	20.5
Type of family	Nuclear	333	83.3
	Joint	14	3.5
	3-Generation family	53	13.3

**Table no 2: Distribution of participants according to their health seeking behavior.**

Variables	Frequency	Percentage [ 95% CI]
<b>Suffering from serious diseases in last 1year (n=400)</b>		
Yes	143	35.8[31.1-40.4]
<b>Reason for disease (n=143)</b>		
Man Made	40	28.0 [20.6-35.3]
Seasonal	9	6.3 [2.3-10.3]
Hereditary	94	65.7 [58-73.5]
<b>Treatment seeking behavior (n=143)</b>		
Yes	90	93.7 [55-70.9]
<b>Reason for not taking treatment (n=53)</b>		
Lack of knowledge	15	28.3 [16.2-40.4]
Lack of money	18	34 [21.2-46.7]
Lack of nearby health facility	11	20.7[9.8-31.7]
Self-Limiting	9	17 [6.9-27.1]

**Table no 3: Distribution of participants according to their health care utilization(n=400).**

Variables	Frequency	Percentage [ 95% CI]
<b>Time gap between visit to the health facility and onset of symptoms</b>		
Immediately	59	14.8 [11.3-18.2]
<3 days	215	53.8 [48.9-58.6]
>3 days	126	31.5 [26.9-36.1]
<b>Source of availing health facility</b>		
Government	190	47.5 [42.6-52.4]
Private	177	44.3 [39.4-49.1]
Quack	33	8.3 [5.6-10.9]
<b>Reason to choose particular health facility</b>		
Trust over the provider of the facility	28	7.0 [4.5-9.5]
Near to home	95	23.8 [19.6-27.9]
Affordable	124	31.0 [26.5-35.5]
Staff availability & Co-operation	23	5.8 [3.5-8]
Good quality treatment	56	14.0 [10.6-17.4]
Less time consuming	41	10.3 [7.3-13.2]
Health Centre far away	33	8.3 [5.6-10.9]
<b>Time taken to reach the nearest health facility</b>		
<15min	106	26.5 [22.2-30.8]
15min-30min	226	56.5 [51.6-61.4]
30min-60min	45	11.3 [8.2-14.3]
>60min	23	5.8 [3.5-8]
<b>Way to reach health facility</b>		
Walking	47	11.8 [8.6-14.9]
Public transport services (Bus, taxi, train)	215	53.8 [48.9-58.6]
Own vehicle	85	21.3 [17.2-25.3]
Bicycle	33	8.3 [5.6-10.9]
Rented vehicle	20	5 [2.9-7.1]

**Table no 4: Distribution of participants according to their health care financing (n=400)**

Variables	Frequency	Percentage [95% CI]
<b>Source of health care finance</b>		
Income of other house hold member	150	51.8 [46.9-56.6]
Money lender	34	37.5 [32.8-42.2]
Pawned assets or property	9	8.5 [5.8-11.2]
<b>Having health Insurance</b>		
Yes	158	39.5 [34.7-44.3]
<b>Money spent on health facilities for treatment (in rupees)</b>		
Free of cost	85	21.23 [17.2-25.3]
<1000	291	72.8 [68.4-77.1]
1001-2000	70	17.5 [13.8-21.2]
2001-3000	8	2 [0.6-3.4]
>3000	16	4 [2.1-5.9]
<b>Sickness affecting the income of house hold</b>		
Yes	293	73.25 [68.9-77.6]

**Table No. 5 Perception about their own health currently and for last 1 year (n=400)**

Perception	Likert's Scale				
	Poor	Average	Good	Better	Excellent
Current year	21(5.25%)	40(10%)	83(20.75%)	248(62%)	8(2%)
Past 1 year	16(4%)	61(15.25%)	178(44.5%)	107(26.75%)	38(9.5%)

### Discussion

According to Saswatkumar Pradhan, 34.20% of sample households visit government hospitals/ doctors during any illness, 29.5 % rely on quack, 18.5% visit gunia (priest), 13.7% visit village medicine men, only 4.1% visit private clinic due to low socio-economic status.<sup>2</sup> In a study by Parvin N. Yerpude et al.,<sup>18</sup> among those who received treatment, 48.30% got treatment in the public sector while 30.61% got treatment in the private sector and Somen Kumar Pradhan<sup>22</sup> study 41.72% sought care in private hospitals while 33.11% sought for government health care facilities. Shwetha studied health health-seeking behaviour of migrant workers in Bangalore city found that 59% of them preferred home remedies as a priority for their illness & 41% preferred private hospitals for major illnesses. Around 52.9% of study subjects waited for more than 3 days before seeking health care<sup>11</sup> whereas in this study only 14.8% visited the hospital immediately on the day of onset may be due to fear of getting an infection during the Covid-19 pandemic.

In this study, 47.5% of attendees attended Government health facilities for treatment because it was free of cost and near to home whereas a study by Lakhwinder P Singh and Shiv D Gupta<sup>7</sup> found that the problems being faced by the people while utilizing government health care services were inaccessibility due to lack of transportation, the unsympathetic attitude of the staff dispensing the health services, and shortage or nonavailability of medicines. In this study, 8.3 % were approached quacks for their illness as they are easily available and quick healing as in Syed Azizur Rahman's study where traditional healers who are still very popular.<sup>17</sup>

In this study, 47.5% of attendees attended Government health facilities for treatment because it was free of cost and Savitha S et al., studied the impact of Sampoorna Suraksha Programme, a micro health insurance scheme on the health seeking behavior of households during illness in Karnata. In this study, due to reduction in financial barrier, the insured individuals opted to seek care at private hospitals

than public hospitals due. Equity in health seeking behaviour was observed among the individuals who had insurance<sup>23</sup>. While in this study 51.8% of the attendees were used their personal funds/savings for treatment. Only 39.5% of the participants had health insurance and more than 3/4th of their income is insufficient to meet the health expenditure.

### Conclusion

Nearly half of the attendees preferred government health facilities for their illness but only a few of them visited health facilities immediately on the day of onset. Half of them used their savings for their treatment expenses but it burdened their income. There is a need to address their perception about their health. Awareness programs should be conducted to improve their knowledge regarding good health-seeking behavior. The community should build trust in health facilities for good healthcare utilization.

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**Conflict of interest:** None declared.

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