

# HEALTH SEEKING BEHAVIOR OF RURAL ADULTS

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## Abstract :

**Background :** The knowledge of health seeking behavior is pivotal for prevention, treatment, management of disease and promotion of health. Proper understanding of those health seeking behaviors could reduce delay to diagnosis, improve treatment compliance and improve health promotion strategies in a variety of contexts.

**Objectives :** to assess the health seeking behavior among rural adults towards private and public health care facilities in case of selected health problems, to find the association between health seeking behavior and selected demographic variables.

**Materials and Methods :** A descriptive survey was done among 260 rural adults by using self administered rating scale questionnaire. Descriptive and inferential statistics were used for the analysis.

**Results :** Among the 260 samples 28.8% were having positive health seeking behavior towards government health care facilities. Majority of the sample i.e. 71.2% were having negative health seeking behavior towards government health care facilities. There is a significant association between health seeking behavior and demographic variables such as age, education and family income.

**Conclusion :** Majority of the sample prefers to use private health care facilities during the period of their illness. Awareness to be given to the community people regarding availability of public health care facilities.

**Keywords :** Health seeking behavior, selected health problems, rural adult

## Introduction :

Indian population mainly lies in rural areas. According to 2011 census 69% of Indian population comprises of rural population. In Karnataka the people living in rural area is more (66%) than that of urban area<sup>1</sup>. Since people of India are mainly rural and less educated they have misconceptions about the available health care services and medicines. An awareness of the health seeking behavior is paramount in the treatment of patients. Health seeking behavior in terms of illness behavior refers to those activities undertaken by individuals in response to

symptom experience.<sup>2</sup>

care services that make the community health programmes and initiatives successful or failure. The findings of the study will benefit in implementation and execution of community health care programmes and to promote utilization of services provided through public health infrastructure. It is vital that primarily the perceptions, attitudes and expectations of the community, who is the actual consumer, be outlined and then accordingly further activities are planned and implemented.

## Problem statement :

A study to assess the health seeking behavior of rural adults towards private and public health care facilities in selected villages of Udupi district.

## Purpose of the study:

The purpose of the study is to assess the health promotion activities of rural adults through assessing their health seeking behavior regarding quality of health care services. Proper understanding of health seeking behavior could

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The knowledge of health seeking behavior is pivotal for prevention, treatment, management of disease and promotion of health. It is the perceptions of the rural consumers of health

reduce delay to diagnosis, improve treatment compliance and improve health promotion strategies.

Objectives: The objectives of the study were

- 1 to assess the health seeking behavior among rural adults towards private and public health care facilities in case of selected health problems
- 1 to find the association between health seeking behavior and selected demographic variables.

Hypothesis:

There will be a significant association between health seeking behavior and selected variables

Assumptions:

- 1 Age, gender, religion, education, occupation, monthly income of the family can play a key role in people's health seeking behavior regarding the quality of health care services
- 1 Lack of good information regarding various health care services can influence health seeking behavior
- 1 Past experiences with disease and behavior of health professional can influence health seeking behavior regarding the quality of health care services.

Variables:

Primary outcome variables: Health seeking behavior

Extraneous variables: age, gender, religion, occupation, monthly income of the family, type of family and house hold size.

Materials and Methods:

A community based cross sectional descriptive study was carried out in order to explore the health seeking behavior of rural adults towards private and government health care facilities in case of selected health problems. A non probability purposive sampling was used to select 260 adults aged between 20-60yrs who are willing to participate in the study were included in the study.

To meet the objectives of the study, the following tools were used.

- 1 Tool 1: Demographic Proforma
- 1 Tool 2: 3 point rating scale to assess the health seeking

behavior towards government and private health facilities.

The demographic proforma consisted of 9 items seeking information on background data like age, gender, religion, education, occupation, monthly income of family, type of family, house hold size and health care preference. The tool 2 comprised of total 19 items. These items covered different areas including general health problems, chronic health problems, children's health problems, reproductive health category, gynecological problems, mental health problems and old age problems. Each item had two parts:- Government and private. The sample were asked to mark their response in both the parts i.e. Government and private. The items were scored using a 3 point rating scale: (1) always, (2) sometimes, (3) never, and it was scored as 2, 1 and 0 respectively. The maximum score was 38 and the minimum was 0. The total score is categorized as negative health seeking behavior (0-19) and positive health seeking behavior (20-38). The reliability of the tool was calculated by Crohn Bach's alpha method and it was found to be 0.83 for health seeking behavior towards government and 0.91 for private health care facilities. The tool was found to be reliable. The pilot study was conducted after obtaining administrative permission and written consent from 20 participants, who were residing in Athrady. The main study data was collected from 260 adults and data was analyzed by using SPSS version 16 statistical package.

Results :

Majority of the samples belongs to the age group of 31-40 years (43.5%). 58.8 % of them were female. 76.5% of samples belongs to Hindu religion. Majority of the sample were having higher secondary education (34.6%). Most of the sample were private employed i.e. 36.9% and 42.7 % were unemployed. Majority of the families (41.2 %) were having a monthly income between Rupees 10001-25000. 52.7% subjects belongs to nuclear families and 61.9 % families comprised of 1-5 members (Table 1).

Among the 260 samples 28.8% were having positive health seeking behavior towards government health care facilities. Majority of the sample i.e. 71.2% were having

negative health seeking behavior towards government health care facilities. They visit the government health facilities very rarely. In case of private health care facilities majority of the rural adults (86.2%) were having positive health seeking behavior towards it while only 13.8% of the sample were having negative health seeking behavior towards private health care facilities (Fig 1). The mean score of health seeking behavior is higher for private health care facilities than government health care facilities (Table 2). Therefore it is revealed that majority of the samples were utilizing the private health care facilities during their period of health problems.

The data presented in Figure 2 shows, the area wise health seeking behavior towards government health care facilities. For general health problems, majority of the sample never utilize the government health care facilities. 41.92 % sample wished to go always to government health facilities for seeking care for chronic health problems. In case of children's health problems, majority of the sample never wanted to visit government health care facilities. But when it comes to antenatal and delivery services 59.62 % sample wanted to go to government health care facilities always. For gynecological health problems majority of the sample never wanted to go to government health care facilities. In case of mental health problems and old age related health problems, majority of the sample wished to go always to the government health care facilities.

The data depicted in Figure 3 shows, the area wise health seeking behavior towards private health care facilities. For general health problems, majority of the samples visit sometimes only the private health care facilities. 54.81 % sample wished to go always to private health care facilities for chronic health problems. For children's health problems, majority of the sample wanted to visit always the private health care facilities. In case of antenatal and delivery services 56.54 % sample wanted to go to private health care facilities always. For gynecological health problems majority of the sample wished to go always to the private health care facilities. In case of mental health problems and old age related health problems, majority of

the sample wanted to go sometimes only to the private health care facilities.

There was significant association between health seeking behavior towards government health facilities and age ( $\chi^2=45.12$ ;  $p<.001$ ), gender ( $\chi^2=5.12$ ;  $p=.027$ ), education ( $\chi^2=43.23$ ;  $p<.001$ ), occupation ( $\chi^2=28.51$ ;  $p<.001$ ), family monthly income ( $\chi^2=10.82$ ;  $p=.012$ ), type of family ( $\chi^2=8.32$ ;  $p=.004$ ) and house hold size ( $\chi^2=12.4$ ;  $p=.002$ ). Thus the null hypothesis was rejected and research hypothesis was accepted with regard to age, gender, education, occupation, family monthly income, type of family and house hold size (Table 3). In case of private health facilities significant association was found between health seeking behavior and age ( $\chi^2=17.53$ ;  $p<.001$ ), education ( $\chi^2=36.76$ ;  $p<.001$ ), family monthly income ( $\chi^2=9.01$ ;  $p=.028$ ) and type of family ( $\chi^2=6.23$ ;  $p=.018$ ). Thus the null hypothesis was rejected and research hypothesis was accepted with regard to age, education, family monthly income, and type of family (Table 4).

#### Discussion :

The present study found that majority of the sample prefer to go to private health care sectors during the period of illness. According to the 2005-06 National Family Health Survey (NFHS) and District-Level Household Survey (DLHS) data, an average of 15 percent of the population that seeks healthcare services in Uttar Pradesh (UP) accesses government health facilities, while 85 percent opt from private providers. This finding supports the present study<sup>3</sup>.

The present study found that majority of the rural adults utilizing private health care facilities during their illness period and this study supports and gives reason why the people use more private health care facilities, a study was conducted by P Singh, Shiv D Gupta to assess the health seeking behavior and health care services in Rajasthan. In their study it was found that the problems being faced by the people while utilizing government health care services were inaccessibility due to lack of transportation, unsympathetic attitude of the staff dispensing the health services, and shortage or non-availability of medicines locally<sup>4</sup>.

Figure 1: Health seeking behavior among rural adults towards private and government health facilities (n=260)

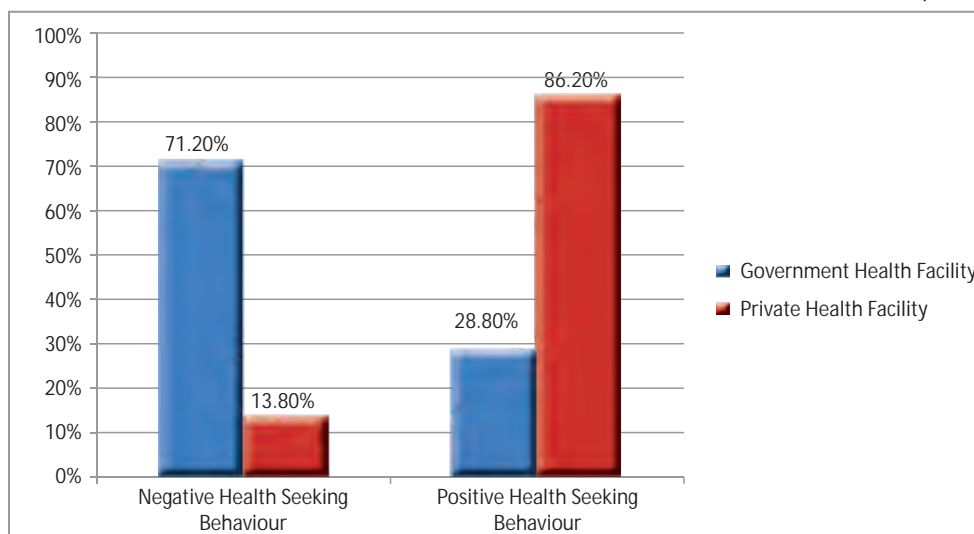


Figure 2: Area wise health seeking behavior towards Government health care facilities (n=260)

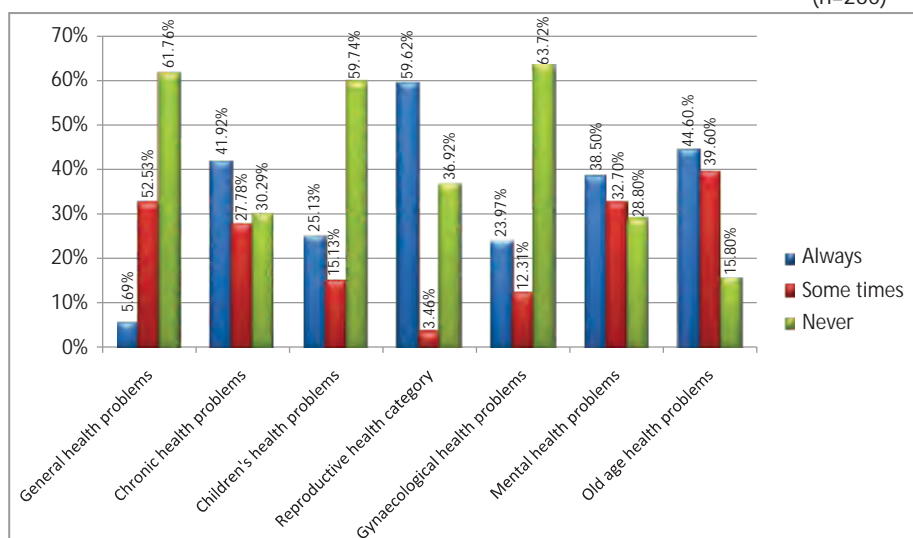
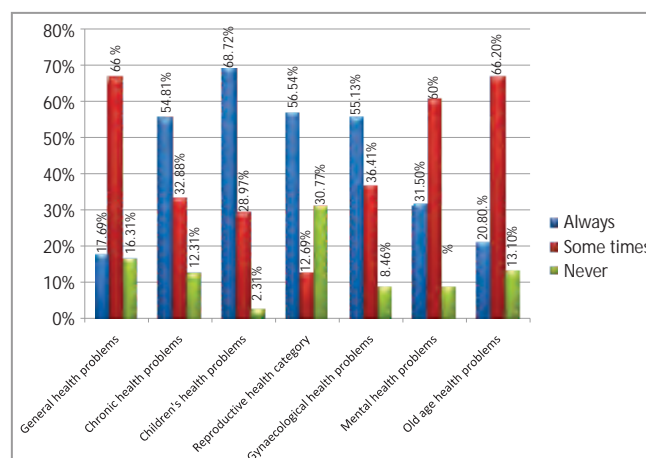


Figure 3: Area wise health seeking behavior towards private health care facilities (n=260)



In the present study there was a significant association between health seeking behavior towards private health care facilities and age, education, family monthly income. This is supported by a study conducted by Muhammad Umair Mushtaq, Sibgha Gull, Mushtaq Ahmad Shad, Javed Akram in Pakistan. In their study it was found that use of the private hospitals was associated with better education ( $P=0.002$ ) and higher income ( $P<0.001$ )<sup>5</sup>.

Health seeking behaviour of people is dependent on the perception of people regarding the quality of health care services in health centers. The perception of the people has

Table 1: Frequency and percentage distribution of demographic characteristics of study sample (n=260)

Sl. No.	Sample characteristics	f	%
1.	Age in years		
	20-30	42	16.2
	31-40	113	43.5
	41-50	71	27.3
	51-60	34	13.1
2.	Gender		
	Male	107	41.2
	Female	153	58.8
3.	Religion		
	Hindu	199	76.5
	Christian	15	5.8
	Muslim	46	17.7
4.	Education		
	Primary	61	23.5
	Secondary	55	21.2
	Higher secondary	90	34.6
	Graduate	40	15.4
	Post graduate and above	14	5.4
5.	Occupation		
	Unemployed	111	42.7
	Cooli worker	35	13.5
	Government employee	18	6.9
	Private job	96	36.9
6.	Monthly income of family in Rupees		
	<5000	30	11.5
	5000-10000	91	35
	10001-25000	107	41.2
	>25000	32	12.3
7.	Type of family		
	Nuclear	137	52.7
	Joint	123	47.3
8.	House hold size		
	1-5	161	61.9
	6-10	81	31.2
	>10	18	6.9

Table 2: Mean and standard deviation of health seeking behavior score (n=260)

Health seeking behaviour	Maximum possible score	Mean	Standard deviation
Government Health facilities	38	15.27	5.818
Private Health facilities	38	24.98	6.027

Table 3: Association between health seeking behaviour towards government health facilities and demographic variables (n=260)

Sample characteristics	Health seeking behavior category		<sup>2</sup> value	df	P value
	Negative f	Positive f			
1. Age in years					
20-30	36	6	45.108	3	.001*
31-40	97	16			
41-50	40	31			
51-60	12	22			
2. Gender					
Male	68	39	5.120	1	.027*
Female	117	36			
3. Religion					
Hindu	136	63	5.077	2	.073
Christian	10	5			
Muslim	39	7			
4. Education					
Primary	24	37	43.23	4	.001*
Secondary	40	15			
Higher -secondary	77	13			
Graduate	31	9			
Post graduate and above	13	1			
5. Occupation					
Unemployed	81	30	28.51	3	.001*
Cooli worker	12	23			
Government employee	14	4			
Private job	78	18			
6. Monthly income of family in Rupees					
<5000	16	14	10.818	3	.012*
5000-10000	59	32			
10001-25000	84	23			
>25000	26	6			
7. Type of family					
Nuclear	108	29	8.318	1	.004*
Joint	77	46			
8. House hold size					
1-5	127	34	12.402	2	.002*
6-10	48	33			
>10	10	8			

\*Significant

Table 4: Association between health seeking behaviour towards private health facilities and demographic variables (n = 260)

Sample characteristics	Health seeking behavior category		<sup>2</sup> value	df	P value
	Negative f	Positive f			
1. Age in years					
20-30	0	42	17.527	3	.001*
31-40	11	102			
41-50	18	53			
51-60	7	27			
2. Gender					
Male	13	94	0.439	1	.586
Female	23	130			
3. Religion					
Hindu	29	170	2.571	2	.304
Christian	0	15			
Muslim	7	39			
4. Education					
Primary	22	39	36.761	4	.001*
Secondary	7	48			
Higher secondary	7	83			
Graduate	0	40			
Post graduate and above	0	14			
5. Occupation					
Unemployed	21	90	6.284	3	.097
Cooli worker	5	29			
Government employee	2	16			
Private job	7	89			
6. Monthly income of family					
<5000	1	29	9.013	3	.028*
5000-10000	20	71			
10001-25000	11	96			
>25000	4	28			
7. Type of family					
Nuclear	12	125	6.282	1	.018*
Joint	24	99			
8. House hold size					
1-5	17	144	3.999	2	.127
6-10	15	66			
>10	4	14			

\*Significant

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to be changed as to attract them more to government hospitals and health centers. It can be done through improving the quality of care, proper maintenance of facilities and also by inculcating a caring and sympathetic attitude in health professionals while dealing the patients.