Health Seeking Behaviour of Rural People and Utilization of Health Care System: A Sociological Concern

Sayan Dutta 1

Partha Sarathi De 2

1 Research Scholar, Department of Sociology, University of Kalyani, West Bengal, India

2 Professor, Department of Sociology, University of Kalyani, West Bengal, India

Abstract

Health is a prerequisite for human development and is essentially concerned with the well-being of the common man. Health is not only related to medical care but an integrated development of an entire human society. It is not only a stable state of physical and natural well-being but also in a true sense, it involved various other complex issues. As it is widely known, health is one of the imperative indicators shining the excellence of human life. A healthy community is very crucial because it can set the destiny of any society or country. To maintain a healthy lifestyle, health-seeking behaviour is a very important parameter. Health-seeking behaviour is considered the primary and most dynamic step toward the medication of any health-related complexity. It refers to a decision or action taken by an individual to maintain, attain, or regain good health and prevent illness. Healthcare-seeking behaviours and local practising knowledge require intervention to bring better health output in various contexts. By understanding the conceptualisation of people regarding their disease and the perception of any particular health-related problem helps to explore their health-seeking behaviour. In particular, in a rural Indian population, health-seeking behaviour is a difficult phenomenon. Indian population mainly lies in rural areas. Since the people of India are mainly rural and less educated, they have misconceptions about the available healthcare services and medicines. An awareness of health-seeking behaviour is paramount in the treatment of patients. Health-seeking behaviour in terms of illness behaviour refers to those activities undertaken by individuals in response to symptom experience. The perception of health-seeking behaviour among the rural people is interlinked with their traditional beliefs, practices, nature of interaction with the physical environment and changing social, cultural and economic domain. Very often, rural people fail to seek health care, believing that ailments are a part of life. Usually, they are unaware of the nature of problems and the various treatment modalities available. This leads to the worsening of the existing problems and the development of complications. The paper tries to find out the perception regarding health-seeking behaviour and understand the various factors affecting Health seeking behaviour.

Keywords: *Health, Health Seeking Behaviour, Healthcare, Healthcare utilisation, Rural People*

Introduction:

Health is the central aspect of human life. Although a healthy life is the desire of everyone, the reality is that everyone is not healthy. An essential aspect of preserving health is to identify the factors that enable or prevent people from making healthy choices in either their lifestyle or their use of medical care and treatment, the underlying assumption is that behaviour is best understood in terms of an individual's perception of their social environment (Tipping and Segall, 1995). Indian population mainly lies in rural areas. According to Census 2011 69% of the Indian population comprises the rural population. Since the people of India are predominantly rural and less educated, they have misconceptions about the available healthcare services and medicines. An awareness of health-seeking behaviour is paramount in treating patients. Health-seeking behaviour in terms of illness behaviour refers to individual activities in response to symptom experience. Health Care Seeking Behaviour refers to a decision or an action taken by an individual to maintain, attain, or regain good health and to prevent illness. The decisions encompass all available health care options like visiting a public or private and modern or traditional health facility, self-medication and use of home remedies or not utilising the general

health services etc. The health-seeking behaviour of a community determines how health services are used and, in turn the health outcomes of populations1. Physical, socio-economic, cultural or political factors that determine health behaviour. Indeed, utilising a health care system may depend on educational levels, economic factors, cultural beliefs and practices. Other factors include environmental conditions, socio-demographic characteristics, knowledge about the facilities, gender issues, political environment, and the health care system.

Health-seeking behaviour:

Health is, on the one hand, a highly personal responsibility and, on the other hand, a primary public concern. It involves the joint efforts of the whole social fabric, namely, the individual, the community, and the state, to protect and promote health **(Park, 2005).** The individual responsibility for health largely depends upon self-care, which refers to those health-generating activities the person undertakes. It comprises observance of simple rules of behaviour relating to diet, sleep, exercise, weight, hygiene and the overall lifestyle. It also includes undertaking measures for preventing disease, treatment during illness, and remaining aware of the bio-medical and mental-psychological conditions of the individual concerned. (Akram, 2014)**.**

Health-seeking behaviour is preceded by a decision-making process further governed by individual or household behaviour, community norms, expectations, and provider-related characteristics and behaviour. Health or care-seeking behaviour has been defined as any action undertaken by individuals who perceive themselves to have a health problem or to be ill to find an appropriate remedy.

Health-seeking behaviour is considered the primary and most vital step toward the medication of any health-related complexity. It is well explored that healthcare-seeking behaviours and local practising knowledge require intervention to bring better health output in various contexts. Understanding people's conceptualisation regarding the cause of their diseases and the perception of any particular health-related problem helps to explore their health-seeking behaviour. It is widely acknowledged that studying the health-seeking behaviour in different socio-economic levels of any community is crucial for proper planning and implementation of adequate health services, particularly for poor communities. Socioeconomic status is having a more significant impact on healthcare utilisation, especially in developing countries, as is documented in many studies. For instance, wealthier families take health care services from formal and informal practitioners twice that of the poorer sections of society. Factors like educational level, economic conditions, cultural beliefs, location of residence, etc. play a significant role in determining a community's healthcare behaviour.

Objectives of the study:

The present researcher is going to find out the perception regarding health-seeking behaviour and also tried to understand the various factors affecting Health seeking behaviour.

Methodology:

This research has been conducted entirely on the basis of secondary sources like books, journals, reports etc.

Factors affecting Health seeking behaviour:

There is a number of factors available to affect the health of individuals and communities and sometimes combine effect too. Whether people are healthy or not is determined by their circumstances and environment. To a large extent, factors such as we live, the state of our environment, genetics, income and educational level and our relationships with friends and family all have considerable impacts on health (Akram, 2014). Understanding health-seeking behaviour is essential to provide need-based healthcare services to the population. Factors like sex, age, type of illness, access to services, and perceived quality of the services influence health-seeking behaviour. Health-seeking behaviour is driving out the factors which enable or prevent people from making ‘healthy choices’ in either their lifestyle behaviours or their use of medical care treatment. Thus, healthcare-seeking behaviour is conceptualised as a ‘sequence of remedial actions’ to correct perceived ill-health. (Patil et. Al, 2016).

The study (Chauhan, 2015) on the rural population of South India shows that the majority (51.2%) were male and also most (84.5%) of the households were headed by males. Nearly one-third of the participants needed to be more literate. Most of the study participants were involved in agricultural work and had a monthly income

below Rs. 2000. Majority (56.4%) of study participants reported visiting public health facilities for various illnesses. Almost one-third of the study participants saw private health facilities, and 11.6% visited other health facilities, including pharmacies. Factors like education, occupation, morbidity and age were not associated with healthcare-seeking behaviour, but income was significantly related to the HSB.

Several studies have also shown that as educational level increases, awareness about various health issues also increases. Nanjunda (2014) shows that people are escaping from multiple diseases. Regarding occupational status, most of them work in the primary sector, followed by the secondary and tertiary sectors. This study has revealed that respondents with a good occupation can get more income and more improvised health behaviour; consistent income also plays a vital role in having a quality, healthy life. Also, occupational status has a closer link to accessing modern healthcare facilities. Every culture evolves its classification and structure of medicine to treat diseases in its way. Thus, treatment of the conditions may differ among various social groups. To comprehend health and related problems precisely, it is highly significant to consider the socio-cultural factors surrounding health issues. This is an additional relevant factor in rural areas. Studies conducted on the sociology of health and illness in India have used an existing social structure as the basic unit for the reference. Caste and class will play few specific roles, and in a rural area, some people belonging to the higher caste will be the power centric and even control the money flow of that area. Even though the Western medical system has an edge over the traditional one, its success depends on how good it gets a reliable space "between the realm of outsider and the inner realm of kinship". Respondents with suitable occupations, education and social networks typically opt for modern healthcare facilities. Gender discrimination is more while opting for modern healthcare facilities. It is also found that the caste and medicine relationship, especially in post-industrial society, is a significant sociological issue. So, it needs proper attention. Certain castes have dominated traditional medicine in rural areas and become family businesses. It is found that certain traditional healers would like to extend the treatment only to the patients belonging to their community only. It is felt that the conventional medicinal system was an essential tool for caste mobilisation in the British regime. This study found that caste comparison and caste-based treatment have plagued traditional medicine systems in rural parts of the country today.

The mass survey carried out by the Central TB Division, Ministry of Health, GoI, reported a poor level of awareness among the masses and very poor among the disadvantaged section of society. Literacy has been identified as the key deciding factor for generating attention. The KAP study among sandstone quarry workers in Rajasthan, conducted by Yadav et al., showed literate people having significantly higher levels of awareness and knowledge regarding T.B. Devey reported that only 21% of people from the Northern part of Bihar knew how TB is spread. The educational and economic status of the person determined the story of knowledge. However, the study conducted in rural Delhi in 2001 showed encouraging results, with more than 95% of participants being aware of the cause of TB. It is encouraging from the present study that people no longer want to keep TB confidential. The survey conducted in 1997 by National TB Institute, Bangalore, did not find a social stigma attached to TB in the study area. Several studies have confirmed that education and economic status determine TB patients' treatment-seeking behaviour. The survey by Grover et al. showed that people from rural areas and those from lower socio-economic groups were significantly associated with delay in contracting treatment for tuberculosis.

The scenario of Utilization of care delivery system and the position of Rural people:

Several studies have shown that trends in the utilisation of a health care system, public or private, formal or non-formal, by and large, vary depending on factors such as age, gender, women's autonomy, urban or rural habitat, economic status, severity of illness, availability of physical infrastructure, and type and cadre of health provider. In the developing world, medical pluralism, or several distinct therapeutic systems in a single cultural setting, is an essential feature of health care. Indeed, a wide range of therapeutic choices is available, ranging from self-care to folk and Western medicine. However, both illness incidence and treatment options are significantly determined by poverty and gender. The type of symptoms experienced for the illness and the number of days of sickness are major determinants of health-seeking behaviour and choice of care provider. In case of a mild single symptom such as fever, home remedies or folk prescriptions are used, whereas with multiple symptoms and more extended period of illness, a biomedical health provider is more likely to be consulted. The study of Kulkarni et al. (2013) found that 67% took home remedies and 33% visited health care providers. Overall, 48.75% opted for a government doctor, 28% private doctor, 12.25% Anganwadi worker, 10% for auxiliary nurse midwives, and 1% opted for a pharmacist as the first priority health care provider for this illness. In 54% of cases, 18.25% opted for government doctors and 35.75% preferred private or AYUSH practitioners if the illness was not cured or the treatment given by first health care provider was unsatisfactory. Traditional beliefs tend to be intertwined with peculiarities of the disease and various circumstantial and social factors. This complexity is reflected in health-seeking behavior, including home prescriptions. The attitude of the health

provider and patient satisfaction with the treatment play a role in health-seeking behaviour. In a study from Bangladesh, although fever was the most reported illness, only 42.3% took service from qualified medical personnel or health facility. Most patients went to quacks to treat fever, whereas 11.8% sought no treatment. For treating gastrointestinal diseases, a higher portion of respondents took services from qualified allopathic doctors (58.1%), although 8.1% went for self-medication. For treatment of respiratory disease, the highest percentage of respondents went to qualified doctors' private chambers (31.8%). Surprisingly, for skin/eye/ENT, none of the respondents went for self-treatment or service from medical assistants or quacks. The highest percentage of respondents took services from public health facilities (37.5%), but it is depressing that still 12.5% took treatment from kabiraj/hakims, and 12.5% took no therapy. Overall, utilisation of public health facilities is not satisfactory (only 24.8%), and a significant proportion sought services from unqualified parishioners (28.7%).

S. K.Pradhan's study on tribals of Odhisha found that around 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 to village medicine men, only 4.1% visit private clinic due to low socioeconomic status.

Rose Ann Dominic et al. study found that most of the sample preferred to go to private health care sectors during illness. According to the 2005-06 National Family Health Survey (NFHS) and District-Level Household Survey (DLHS) data, an average of 15 per cent of the population in Uttar Pradesh seeks government health facilities, while 85 per cent opt from private providers. It is found from the study of Dominic et al. (2013) that most rural adults utilise private health care facilities during their illness period. This study supports and explains why people use more private healthcare facilities. A study was conducted by Singh &Gupta to assess health-seeking behaviour and healthcare services in Rajasthan. Their study found that the problems faced by the people while utilising government health care services were inaccessible due to lack of transportation, the unsympathetic attitude of the staff dispensing the health services, and shortage or unavailability of medicines locally.

Health-seeking behaviour depends on socioeconomic status as well as the availability and accessibility of health facilities. Several studies found that both registered and nonregistered are available in rural areas, and in this area, traditional healer/ 'kabiraj' still exists. Ahmed et al. showed that individuals from poor households would seek treatment from unqualified allopathic practitioners. Patients' level of education affected whether they avoided self-care/self-treatment and drugstore salespeople, who are usually without licensed and untrained but who diagnose illnesses and sell medicines instead chose a formal allopathic practitioner. When a household's poverty status was controlled, there were no differences in age or gender regarding healthcare expenditure. This study revealed that subjects suffered from fever, maternal and child-related conditions, pain, arthritis, paralysis etc., which indicates that all age groups and gender are affected.

A study conducted in Rural Ethiopia found that diarrhoea and tetanus were common there. They also showed a systematic relationship between socioeconomic status and choice of providers, mainly for adult-related conditions, with households in higher consumption quantities more likely to seek care in health centres and private/Non-Government Organization (NGO) clinics. Delays in care-seeking behaviour are apparent mainly for adult-related conditions and among poorer households. Traditional healers are still very popular among the tribal population; Perceptions of the quality and manner of treatment and communication can override costs when it comes to provider preference. Gender and age play a role in making household decisions concerning health matters and treatment-seeking; distinct differences exist among the tribal people concerning their knowledge of health, awareness and health-seeking behaviour.

Conclusion:

In India, where rural people were significantly altered socially and culturally by the British colonisation, it is crucial to understand colonisation's social and cultural consequences and how these have changed the health culture and the health behaviour of the rural respondents historically and currently. Agricultural workers had a multitude of health problems. Efforts to increase health-related knowledge and skills to facilitate decisions to seek appropriate health care service should be emphasised as a critical component of primary health care. There is potential for stakeholders in health service provision to increase access to health care by increasing the frequency of mobile clinic services and strengthening the community health worker strategy, particularly in communities with limited access to health facilities, such as in rural areas. In addition, there is a need for concerned authorities such as ministries of health to address the health systems challenges.

References:

- Ahmed SM. (2001). Differing health and health-seeking behaviour: ethnic minorities of the Chittagong Hill Tracts, Bangladesh. Asia Pac J Public Health, 13(2).
- Akram. M. (2014) Sociology of Health. Rajasthan, India: Rawat Publication. Pp: 1-57, 124-140.
- Census of India. Retrieved from http://www.censusindia.gov.in/; accessed on 12.03.2012 at 11:51pm.
- Chauhan RC et al. (2015). Determinants of health care seeking behavior among rural population of a coastal area in South India. International Journal of Scientific Reports, 118-122.
- Devey, J. Report on a knowledge, attitude, and practice (KAP) survey regarding tuberculosis conducted in northern Bihar. 23 April 2001. Report on an independent study conducted during a HNGR internship with: Champak and Chetna community health and development projects, Duncan hospital, Bihar, India.
- Dominic et al. (2013). Health Seeking Behaviour of Rural Adults, Nitte University Journal of Health Science, Vol:3.
- Fomundam H. (2012). Identifying Treatment and Health Care Seeking Behavior as a Means of Early HIV/AIDS Intervention in Africa. World Journal of AIDS,165-173.
- Garg S. (2001). Perceived Reproductive Morbidity and Health Care Seeking Behavior Among Women in an Urban Slum. Health and Population- Perspective and Issues, 178-188.
- Grover. A, R. Kumar, S.K. Jindal. (2006). Socio-demographic determinants of treatment-seeking behaviour among chest symptomatics. Indian Journal of Community Medicine, 31(3).
- Gupta. I & P. Dasgupta. (2000). Health seeking Behaviour in Urban Delhi: An exploratory study. Journal of Health and Population in Developing Countries.
- Hussain. S, F. Malik, A. Hameed, S. Ahmed & H. Riaz. (2010). Exploring health seeking behaviour, medicine use and self-medication in Urban and rural Pakistan. Southern Med Review, 3(2), 32-34.
- Kar, M & M. Logaraj. (2010). Awareness, Attitude and Treatment Seeking Behaviour Regarding Tuberculosis in a Rural Area of Tamil Nadu. Indian Journal of Tuberculosis.
- Kulkarni, R et.al, (2013). Health seeking behaviour of rural agriculture workers: A community based cross sectional study. International journal of Medicine and Public Health, Vol: 3, Issue:1.
- Nanjunda. (2014). Factors Affecting Health Seeking Behaviour and Medical Pluralism among Rural Population: Implications for Healthcare Professionals, UGC-CSSEIP Centre, University of Mysore, Mysore. Sri Ramachandra Journal of Medicine, Vol.7, Issue 1.
- Oberoi. S, N. Chaudhary, S. Patnaik & A. Singh. (2016). Understanding health seeking behaviour. Journal of Family Medicine and Primary Care, 5(2).
- Park K. (2013) Preventive and social Medicine. Bhanot Publishers, 22nd ed. 5-14.
- Pradhan SK. (2013). Health and health seeking behaviour among the tribal's: a case study in Sundargarh district of Odisha, Department of Humanities and social sciences, National Institute of Technology, Rourkela, Odisha.
- Tipping G, Segall M. (1995) Health Care Seeking Behaviour in Developing Countries: an annotated bibliography and literature review. Brighton: Institute of Development Studies, Sussex University; 1995.
- Vargese S, Mathew P, Mathew E. (2013). Utilization of public health services in a rural area and an urban slum in Western Maharashtra, India. Int J Med Sci Public Health, 2(3).
- WHO Report 2008; Global Tuberculosis Control: Surveillance, Planning, Financing. Retrieved from http://www.who.int/iris/handle/10665/43831; accessed on 18.08.2016 at 10:03 am.