

Health Seeking Behaviour of Urban Slum Dwellers in Karad - A Town in Western Maharashtra

Vaidehi G. Velhal¹, Praksah M. Durgawale²

Department of Community Medicine, Krishna Institute of Medical Sciences Deemed University, Malkapur Karad-415539 (Maharashtra)
India

Abstract: *Background: Health of an individual is influenced by many factors, including his/her health seeking behaviour. Policy makers need to understand the drivers of health seeking behaviour of the population. Aim and Objectives: To find out health seeking behaviour in an urban slum in Karad - a town in western Maharashtra, socio-demographic factors associated with the same and extent of utilisation of public health services. Material and Methods: Present study, done during the period February to October 2014, adopting descriptive epidemiological exploratory survey design, included 400 representative families from Agashivnagar slum area in Karad City, under Urban Health Centre, Department of Community Medicine, Krishna Institute of Medical Sciences. Performed, pretested, semi structured interview schedule was used for data collection. Results: Females and males respondents are, 275 (68.7%) and 125 (31.3%) respectively, mainly in the age group of 18 -40 years. Head of the family (males), are decision makers for health seeking behaviour of family members. Use of Public sector services is admitted by only 196 (49.0%) individuals. Availability of free services (87, 21.8%), close distance and fast treatment (80, 20.0%), cheap (65, 16.3%), better treatment and facilities (55, 13.7%), reputed hospital and doctors (50, 12.5%), effective treatment & convenient place (37, 9.3%) are important reasons for obtaining services from the places of choice. 183 (45.7%) respondents agreed self medication, mainly for headache, generalised body ache, cough/cold/fever, abdominal pain and acidity problems. Age group (18-40 years), sex (males), religion (Hindu) and educational status (Literates) have shown significant influence on practices of self medication. There is no mention about visiting traditional healer or quack. Conclusion: Even though aware about public health services, they remain low at preference level, highlighting scope to enhance their utilization.*

Keywords: Health, seeking behaviour, Urban, Slum, Dwell

1. Introduction

Health is a pre-requisite 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. Quality of health care, health orientation and social protection of health in a population affects the development status of any nation.

Health of an individual is influenced by many factors, including his/her health seeking behaviour, which may be defined as conscious deliberate practice observed by individuals in order to promote, preserve and restore health when affected. 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, the disease pattern and health care system itself. Policy makers need to understand the drivers of health seeking behaviour of the population in an increasingly pluralistic health care system [1].

Understanding human behaviour is prerequisite to change behaviour. Understanding the health-seeking behaviour of different communities and population groups is essential if adequate access to services and protection against unaffordable health costs are to be achieved.

In western part of Maharashtra, Karad town (District Satara), is known for its rapid growth, identity as business town, agriculture based economy, political strength, best health care infrastructure including medical college & hospital, and best communication network with other parts of the state.

Present study was undertaken with aim and objectives, to find out health seeking behaviour in an urban slum in Karad (adopted by the Department of Community Medicine, Krishna Institute of Medical Sciences), socio-demographic factors associated with the same and extent of utilisation of public health services

2. Material and Methods

Research methodology is the activity of research, how to proceed, how to measure progress. And what constitutes success. Methodology decision paves crucial implication for validity and credibility of the study findings. Methodology of research indicates the general pattern for organizing the procedure for the empirical study together with the method of obtaining valid and reliable data for an investigation [2]

Present descriptive epidemiological study adopting exploratory survey design, was conducted during the period February to October 2014, in the field practice urban slum area, Agashivnagar, adopted by Department of Community Medicine, Krishna Institute of Medical Sciences (KIMS), Karad, District – Satara, Maharashtra state. The population comprises of migrated people mainly engaged in casual semiskilled and unskilled labour work. The housing conditions are very poor. They are provided with common tap water and sanitary blocks, by the Nagarpalika. Low standard of living and unhygienic conditions are clearly evident while moving in the area for the purpose of this study. The area is well communicated to rest of the city area by public transport facilities.

The sample size for the study was calculated using the formula $N=4PQ/L^2$ where $P = 36$ (as per findings of the previous study) and $L = 5\%$. Thus 400 families were

Volume 5 Issue 11, November 2016

www.ijsr.net

Licensed Under Creative Commons Attribution CC BY

included from Agashivnagar urban slum area. After the first house was selected randomly with the help of last number on the currency note, at the entry into the slum area, subsequent houses were identified adjacent to this house and so on, till all 400 houses were covered. From the selected families (residing in the areas for at least 6 months, willing to give information and no communication barriers), head of the family or any other responsible adult member (above the age of 18) in the family present at home, was interviewed, by the investigator herself, with the help of preformed, pretested (by interviewing 10 subjects), semi-structured interview schedule. Institutional Ethics Committee clearance was obtained for the study as per the protocol. Data was compiled and data entry was done in Microsoft excel programme. Data analysis is done by using excel programme, SPSS (16.0 version) as well as Instat Graph pad software.

3. Results

Respondents (total 400) included more number of females (275, 68.75%) than males (125, 31.25%) mainly because, at the time of visit at home, majority of the males were out for work. Majority of respondents (288, 72.0%) were in the age group 18 - 40 years. Total number of 88 respondents was head of the family and remaining were their adult family members. They mainly belonged to Hindu religion (258, 64.5%), Nuclear type of family (290, 72.5%) with total family members varying from 2 to 6 (308, 77%) and upper lower (class IV) socioeconomic status as per Kuppaswamy scale, with revised income parameter (2014) (308/390, 79%) [2]. Only 37 (9.25%) respondents have reported some major illness in their family in last one year. According to 280 (72.7%) and 235 (61.0%) respondents unhygienic conditions and mosquitoes are the main causes of various diseases. Total 390 (97.5%) respondents have mentioned that they opt for allopathic medicines/doctor, 21 (5.25%) opt for ayurvedic medicines/doctor and only 5 (1.25%) have mentioned that they sometimes go for homeopathic medicines. Only 1 respondent has agreed that he even resorts to treatment from non allopathic traditional healers. Eight individuals have given dual response (Private hospital or KIMS – 7 & KIMS or Cottage Hospital – 1). Table I reveals the responses given to the important questions related to treatment seeking.

Table 1: Responses to the questions related to treatment seeking

Sr. No	Question and Responses		Freq.	%
1	Who is the decision maker regarding health seeking behaviour	Head of the family	351	87.8
		Wife	36	9.0
		Son	11	2.7
		Daughter in law	2	0.5
2	Where do you go when someone in the family falls ill (N = 399)	Private practitioners/hospitals	206	51.6
		Krishna Hospital	111	27.8
		Cottage Hospital	44	11.0
		Urban Health centre	46	11.5

Table II highlights responses to the questions related to opting selected services by the respondents. Other reasons given by 10 individuals for opting treatment from selected places include – no free services at UHTC, negligence in Govt. Hospital, fear of Govt. Hospital and improper treatment at UHTC. Even though this number is small (10/399, 2.5%), it is necessary to look into these aspects to improve credibility of services provided by public sector hospitals. Seven individuals (7/44, 16.0%) have expressed dissatisfaction on the Cottage hospital services.

Table 2: Responses to the questions

Sr. No	Question and Responses		freq	%
1	Reasons for opting treatment from selected places (N=399)	Free services given	87	21.8
		Close distance and fast treatment	80	20.0
		Cheap treatment	65	16.3
		Better treatment and facilities	55	13.7
		Well known hospital and doctors	50	12.5
		Nearer, effective and convenient	37	9.3
		Tradition in family	15	3.7
		Other causes	10	2.7
2	Are you satisfied with the service (N = 399)	Yes	392	98.2
		No	7	1.75
3	If Yes, Why (N = 352)	Better quality of treatment	121	34.4
		Expected services given	118	33.5
		Mental satisfaction with treatment	51	14.5
		Good medication & follow up	41	11.7
		Affordable	41	11.7
4	If No, Why (N = 5)	Fast treatment	20	5.7
		Financial constraints	1	20.0
		Not serious in treatment of patients at Govt. hospital	2	40.0
		Non availability of full range of services in Govt. hospital	2	40.0

All those who go for self medication (Table III) sometimes, obtain medicines directly from the chemist shop. There is no mention about visiting any traditional healer/quack/family friend etc for self medication. Multiple responses (average 1.9) are given by those who opt for self medication. All those who go for self medication (Table III) sometimes, obtain medicines directly from the chemist shop. There is no mention about visiting any traditional healer/quack/family friend etc for self medication. Multiple responses (average 1.9) are given by those who opt for self medication.

Table 3: Self medication practices

Sr. No	Question and Responses		freq	%
1	Did you go for self-medication	Yes	183	45.7
		No	217	54.3
2	If Yes, for which deceases (N=183)	Headache	166	90.7
		Generalised bodyache	84	45.9
		Cough/cold/fever	88	48.1
		Abdominal pain & Acidity problems	11	6.0

As seen in table IV, only 318 (79.5%) respondents have mentioned about available health services to them. UHTC, Cottage hospital, and Krishna Hospital are known to many people as indicated above. However utilization pattern indicates that their utilization is poor.

Table 4: Knowledge about available health services (N = 318)

Sr. No	Health services	Number	Percentage
1	Urban Health Training Centre (UHTC)	269	84.6
2	Cottage Hospital	230	72.3
3	Krishna Hospital	176	55.3
4	Private Hospitals	66	20.7
5	All 4 above mentioned places	45	14.1
6	Three places out of 4	138	43.4
7	Two places out of 4	52	16.3
8	Only UHC	38	11.9
9	Only Cottage Hospital	24	7.5
10	Only Private hospitals	8	2.5
11	Only Krishna Hospital	4	1.3

While interacting with the respondents, it is perceived that KIMS, UHTC and Cottage hospitals are identified as public sector hospitals. Total number of 196 (49%) individuals admitted that they use public sector health services, while 204 (51%) denied using public health services. However only 171/196 (87.2%) gave reasons for preference of public sector services and 155/204 (75.9%) gave reasons for non preference. Other reasons given for non preference to public services are - No concessions, medicines not effective, not well known, slow management, no tradition of going to public sector hospitals, no much facilities etc (Table V)

Table 5: Reasons for utilization of Public Services

Sr. No	Reason	No	Percentage
Reasons for utilization of Public Services (N = 171)			
1	Cheap, concessional or Free services	147	85.9
2	Better treatment	10	5.8
3	Affordable	12	7.1
4	Close distance	2	1.2
Reasons for non utilization of Public Services (N = 155)			
7	Far away	55	35.5
8	Ignorance	29	18.7
9	Negligence & no effective treatment	27	17.4
10	Other reasons	44	28.4

Even though, 206 individuals have admitted that they go to private hospitals when somebody falls sick in the family, 341 (85.2%) have expressed preference for private hospital as mentioned in table VI. Total number of 59 patients did not respond to this question on the ground that they usually do not use private services (56) or never had been to private health services so far (3). 146 individuals have admitted that they use public or private services depending upon the situation. Other reasons for preferring private services are – good for major as well as minor illnesses, best during emergency situations, good doctors at private sector, improper treatment at UHTC etc.

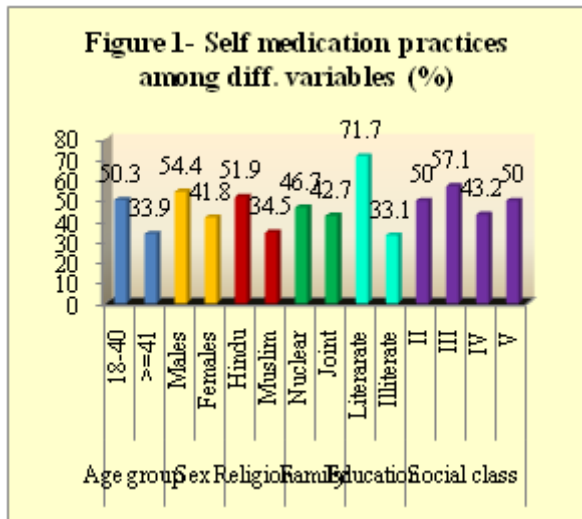
Table 6: Reasons for preference to private health services (N = 341)

Sr. No	Reasons for using private health services	No	Percentage
1	Good management & facilities	143	41.9
2	Fast treatment and always available	100	29.4
3	Effective treatment	46	13.5
4	Convenient and close distance	25	7.3
5	Others	27	7.9

As evident in table VII, Self medication practices are influenced significantly by age group (18-40 years), sex (Males), religion (Hindu), education status of head of the family (Literate), and they are not influenced by type of family and socio-economic status as per Kuppusswamy scale. Similar type of table computed for decision makers for health seeking behaviour reveals influence of only male head of the family, muslim religion, and nuclear family.

Table 7: Variables influencing self medication practices

Self Medication Vs Age Group					
Self Medication	18 - 40 yrs.	>=41 years	Total		
Yes	145	38	183		
No	143	74	217		
Total	288	112	400		
Age group Vs Self Medication, $X^2 = 8.759, df = 1, P < 0.001$, Highly significant					
Self Medication Vs Sex					
Self Medication	Males	Females	Total		
Yes	68	115	183		
No	57	160	217		
Total	125	275	400		
Sex Vs Self medication, $X^2 = 5.481, df = 1, P = 0.01922, P < 0.05$, Significant					
Self Medication Vs Religion					
Self Medication	Hindu	Muslim	Total		
Yes	134	49	183		
No	124	93	217		
Total	258	142	400		
Religion Vs Self medication, $X^2 = 11.21, df = 1, P < 0.001$, Highly significant					
Self Medication Vs Type of Family					
Self Medication	Nuclear	Joint	Total		
Yes	142	41	183		
No	162	55	217		
Total	304	96	400		
Type of family Vs Self Medication, $X^2 = 0.4709, df = 1, P = 0.492, P > 0.05$, Not significant					
Educational status (Head of family) Vs Self Medication					
Self Medication	Illiterate	Literate	Total		
Yes	89	94	183		
No	180	37	217		
Total	269	131	400		
Educational status Vs Self Medication, $X^2 = 53.08, Df = 1, P < 0.001$, Highly Significant					
Socio-economic status (Kuppusswamy) Vs Self Medication					
Self Medication, (N = 390)	Class II	Class III	Class IV	Class V	Total
Yes	5	24	133	15	177
No	5	18	175	15	213
Total	10	42	308	30	400
Socio-economic class Vs Self medication, $X^2 = 3.289, df = 3, P = 0.3491, P > 0.05$, NS					



4. Discussion

Present descriptive epidemiological study adopting exploratory survey design was undertaken to assess health seeking behaviour of urban slum dwellers of Karad, a town in western part of Maharashtra state, to understand socio-demographic factors influencing the same and to identify utilization of health services available to them. The study, carried out during the period of 8 months (February and October 2014), included total number of 400 representative families from Agashivnagar slum area in Karad City, which falls in catchment area of the Urban health centre (Department of Community Medicine) of Krishna Institute of Medical Sciences.

Out of total 400 respondents, nobody mentioned irrational causes of diseases like curse of god, bad habits etc. People are aware about important causes of diseases. It is possible to capitalize on this finding, to promote community based disease prevention and control measures.

As mentioned in table I, head of the family (351, 87.8%) is the main decision maker regarding health seeking behaviour of the family, followed by wife (36, 9.0%), elder son (11, 2.7%) and daughter in law (2, 0.5%). This is in line with the findings of the Ethiopia study [4] and Agra study [5]. This is mainly because of male dominated families, being patriarchal culture. The most preferred choice of the people during illness is private practitioners/hospitals (206, 51.6%), followed by medical college hospital - Krishna Hospital, (111, 27.8%) and then others. Similar are the findings made in the Chakaria[6], Ethiopia study[4] Agra[5] and Hyderabad study[6] which also identify private health services are more preferred over public sector health services. The reasons given for opting treatment from selected sites are mentioned in table II. It is necessary to analyse further, why people choose to opt services from private sector, even though they belong to low socio-economic profile category with due consideration to assess quality of services in Govt sector health institutions. Proportion of satisfied respondents, on treatment facilities availed by them is high (392/399, 98.25%) which is same as that of findings of Chakaria study[6]. Two respondents have mentioned that Govt hospitals are not very serious in treatment of their patients and another 2 respondents expressed that there is no availability of full range of services in Govt. Hospital. Even

though the number of individuals expressing dissatisfaction is small, Govt. hospitals should take serious note of it, especially when we talk about accreditation of hospitals, IPHS standards etc. to improve credibility of services.

In all, 183 (45.7%) admitted that their family members opt for self medication (Table III). High prevalence of self medication is also reported in studies from Nairobi slums[8], Agra study[5] and Rajasthan study[9, 10]. Table III also highlights the narrow range of illnesses for which self medication is taken. This is mainly because of their tendency to avoid more expenses on medical services by visiting doctor, either at public or private sector and availability of the basic medicines at the counter of the chemist without any prescriptions. It is necessary to obtain more information on this parameter, like duration of self medication, indications to understand recovery or to go to a doctor etc., as the proportion is very high.

Total number of 196 (49.0%) individuals admitted that their family members use public health services (UHTC, Cottage hospital and Krishna Hospital) and 204 (51.0%) denied the same. As seen in table V, 171/196 (87.2%) gave reasons for using public health services, while 155/204 (75.9%) gave reasons for non utilization. Average only one reason is given for either utilization or non utilization. Even though, 206 individuals have admitted that they go to private hospitals when somebody falls sick in the family, 341 (85.2%) have expressed preference for private hospital (Table VI). The reasons given for this preference are - good management and facilities (143/341, 41.9%), fast treatment and always available (100, 29.4%), effective treatment (46, 13.5%), convenient and close distance (25, 7.5%) and other reasons (27, 7.9%) like good for major as well as minor illnesses, best during emergency situations, good doctors at private hospitals and improper treatment at UHTC. Similar findings are made in the study conducted by Saritha Vergese[11].

Chi square test is applied to the questions where responses are mutually exclusive. For other questions findings are described only on the basis of percentages as there are multiple responses to each question. Self medication practices are influenced significantly by age group (18 -40 years), sex (Males), religion (Hindu), education status of head of the family (Literates), and they are not influenced by type of family and socio-economic status as per Kuppuswamy scale. (Table VII).

5. Conclusion

The observations and results of the study conclude that most of the people are aware about the important causes of diseases like unhygienic conditions and mosquitoes. There is no mention about irrational causes like curse of god. Head of the family (87.8%), who are mainly males are the decision makers regarding health seeking in the family. Most of the people prefer allopathic services of private hospitals/doctors over public sector hospitals. There is no evidence of services of quacks or traditional healers. Self medication is admitted by 183 (45.7%) individuals mainly for headache, generalised body ache, cough/cold/fever and abdominal pain & acidity problems. Age group of individuals (18-40 years), sex

(males), religion (Hindu), and educational status (Literates) have shown influence on practices of self medication.

People are aware about availability of public health services in nearby area, however these service remain low at preference level when it comes to availing the hospital services. There is scope to enhance utilization of public sector health services. Measures to improve the level of knowledge regarding causation of diseases and availability of health services along with discouraging practices of self medication and improving perceived satisfaction level, would go a long way towards creating demand for public health services. Present study also highlights the necessity to undertake periodic studies to monitor health seeking behaviour of the people with major focus on understanding in depth the practices of self medication, preference for private services in spite of being belonging to low socio-economic group profile and reluctance for using public health services.

6. Acknowledgement

We are very thankful to Indian Council of Medical Research (ICMR) for awarding short term studentship for this study during the year 2014. We are also thankful to all those functionaries from Department of Community Medicine, KIMS, who have contributed either directly or indirectly, to the successful completion of this study.

References

- [1] Babar T. Shaikh, Juanita Hatcher 'Health seeking behaviour and health service utilization in Pakistan: challenging the policy makers' *Journal of Public Health* Volume 27, Issue 1, 49-54 <http://jpubhealth.oxfordjournals.org/content/27/1/49.short> (accessed on 12/08/2014)
- [2] Shinde M, Anjum S. *Introduction to Research in nursing*. Sneha Publication India (Dombivili). 2007.
- [3] Gururaj, Maheshwaran, 'Kuppuswamy's Socio-economic status scale - A revision of Income Parameter for 2014' *International Journal of Recent trends in Science and Technology*, vol.11, issue 1, 2014,1-2.
- [4] Anagaw D Mebratie, Ellen Van de Poel, Zelalem Yilma, Degnet Abebaw, Getnet Alemu, Arjun S Bedi 'Healthcare-seeking behaviour in rural Ethiopia: evidence from clinical vignettes' <http://bmjopen.bmj.com/content/4/2/e004020.full> (accessed on 13/08/2014)
- [5] M Jain, D Nandan, S K Misra, 'Qualitative Assessment of Health Seeking Behaviour and Perceptions Regarding Quality of Health Care Services among Rural Community of District Agra' *Indian Journal of Community Medicine* Vol. 31, No. 3, July - September, 2006,140-144
- [6] *Health for the rural masses-Insights from Chakaria*, Edited by Abbas Bhuiya, Published by ICDDR, B, 68 Shaheed Tajuddin Ahmed Sharani, Mohakhali, Dhaka, 1212, Bangladesh, 2009, (ISBN - 978-984-551-305-0, Monograph no 8)
- [7] Vimala Thomas, Lavanya. K. M, Muraleedhar 'Morbidity profile and health seeking behaviour of elderly in urban slums of Hyderabad, Andhra Pradesh,

India - A cross sectional study' *Int J Cur Res Rev*, Oct 2012 / Vol 04 (19), 174-180

- [8] Negussie Taffa and G. Chepngeno 'Determinants of health care seeking for childhood illnesses in Nairobi slums', <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-3156.2004.01381.x/abstract> (accessed on 15/08/2014)
- [9] Lakhwinder P. Singh, Shiv D Gupta 'Health Seeking Behaviour and Health Services in Rajasthan, India: A Tribal Community's Perspective', IJHMR Working Paper no.1 Institute of Health Management Research, Jaipur available on www.jaipur.ijhmr.org/Research/publication%20files/Workingp/1.pdf accessed on 4/01/2014
- [10] S.P. Yadav, 'A study of treatment seeking behaviour for malaria and its management in febrile children in rural part of desert, Rajasthan, India' *J Vector Borne Dis*, 47, Dec. 2010, 235-242
- [11] Vargese SS, Mathew P, Mathew E. 'Utilization of public health services in a rural area and an urban slum in Western Maharashtra', India. *Int J Med Sci Public Health* 2013; 2:646-649

Author Profile

Dr Prakash M Durgawale is in Department of Community Medicine, Krishna Institute of Medical Sciences Deemed University, Malkapur Karad-415539 (Maharashtra) India