



HEALTH CARE SEEKING BEHAVIOUR DURING TIMES OF ILLNESS: A CROSS-SECTIONAL STUDY AMONG ADULT POPULATION RESIDING IN THE SLUMS OF GUWAHATI CITY

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ABSTRACT

Health seeking behaviour is critical for planning and management of health care services for the urban poor population residing in slums and other squatter settlements. To assess the health care seeking behaviour of slum dwellers of Guwahati city and its association with different sociodemographic factors. This is a descriptive cross-sectional study conducted from June to November, 2018 among 600 adults residing in 20 urban slums which is selected by simple random sampling. Out of the 600 respondents, 284(47.33%) were males & 316(52.67%) were females. A major portion of the respondents 190(31.67%) belonged to the age group 20-29 yrs. During the preceding 30 days, 213(35.5%) of the respondents fell ill and out of which 194(91.08%) respondents sought health care while 19 (8.92%) did not. It was found that majority of the respondents 81 (41.75%) practiced self-medication while only 66 (34.02%) of the respondents sought health care from Government Health care facilities. Majority of the study participants took remedial actions during episodes of illness. However, the number of respondents who sought care from Government health care facility is less.

KEYWORDS: Slum, Health Seeking Behaviour

As per Census 2011, the urban population in India has increased from 28.6 crore in 2001 to 37.7 crore in 2011, which is 31.16% of the total population (Rajan and Kumar, 2016). Rapid growth of industrialization has led to the increase in urban poor population owing to migration of large number of people from rural to urban areas in search of job opportunities. These migrants end up living in slums and other squatter settlements where the living conditions are extremely poor and are exposed to greater health hazards as compared to other urbanites (Suryakantha, 2017) (Musoke *et al.*, 2014). However, the utilization of healthcare services is low despite the high disease burden. Studies have shown that only about 4% households in urban areas seek any form of OPD care from primary health care facilities (Ayushman Bharat). In spite of large number of doctors and para-professionals in urban areas, the existing health care infrastructure in urban areas is insufficient to meet the basic health care needs of growing urban poor population. Lack of information and assistance at the secondary and tertiary hospitals makes them unfamiliar to the modern environment of hospitals thus restricting their access. Above that poor economic condition restricts their access to the private healthcare facilities as well (National Urban Health Mission). Knowledge about morbidity profile and health seeking behaviour of the urban poor population is critical for planning health care services as per their

needs, but this is often ignored. As a result of which, healthcare system don't get the desired acceptance & are therefore rendered unsuccessful. The present study is intended to assess the health care seeking behaviour among the adult slum dwellers of Guwahati city.

METHODOLOGY

Inclusion Criteria

1. Adults (20-59 years of age) residing in the slums for >6months.
2. Those who gave consent to participate in the study.

Exclusion Criteria

1. Critically ill individuals.
2. Those with any disability and impairment that could hinder the data collection procedure.
3. All pregnant women.

Sample Size Calculation

According to NSS 71st round (January – June, 2014), 44% people residing in urban areas of Assam sought health care from Government health facilities for the ailments they perceived in the last 15 days. The sample size was calculated using the formula $N = 4pq / d^2 \times$ Deff. Where, $p=44\%$, absolute precision (d) = 5% and

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design effect = 1.5 the sample size was calculated to be 591.36 which was rounded to 600.

Sampling Technique

A two stage cluster sampling design was adopted. Out of the total 99 notified slums (Slum profile survey, GMC, 2014) 20 slums were selected by simple random sampling. Subsequently, from each selected slum, 15 households were selected applying systematic random sampling.

Study Tools

Data was collected using a pre-designed and pre-tested semistructured schedule which had two parts:

Part 1: consist data on socio-demographic factors like age, gender, marital status, level of education, occupation and socio-economic status. Socio-economic status of the study population was recorded and classified according to Modified BG Prasad Scale.

Part 2: consist information on health seeking behaviour and utilization pattern of health care services during the time of illness. The study participants were asked if they suffered from any illness during the preceding 30 days. Only those individuals who reported history of illness were asked questions regarding health seeking behaviour. Respondents were asked if they sought health care during illness. If the answer was “yes” then type of health facility and type of medicine preferred were enquired and for those who did not seek health care during illness, reasons for the same were ascertained.

OPERATIONAL DEFINITIONS

Health care seeking behaviour is defined as an action undertaken by an individual during his/her illness to rectify the health problem. Health care seeking behaviour is defined as formal if care is sought from trained health-care providers; informal if care is sought from members

of his/her social network (i.e. family members, friends, neighbour and other trusted person).

Self-medication is defined as the use of drugs on one's own initiative to treat self recognized disorders and symptoms without consulting a trained health care provider or it is the intermittent/continued use of drugs prescribed by a physician for chronic/recurring diseases. It also includes the use of the medication of family members, friends, neighbour or as per the suggestion from an advertisement in newspapers or magazines.

Data Collection Technique

House to house visits were done and from each household one eldest adult respondent was interviewed after obtaining verbal consent. If no adult was present or the house was found locked at the time of the visit, adjacent household was visited.

Data Analysis

Data was compiled and analysed using Microsoft Excel and Instat Graph pad software. Univariate analysis was done for frequency computation. The Chi-square test and Fischer's exact test were done to determine the association between the variables and p-value <0.05 was considered to be statistically significant.

RESULTS

Out of the total 600 respondents interviewed, 284 (47.33%) were males and 316 (52.67%) were females. Most of them 190 (31.67%) were 20-29 years of age while only 92 (15.33%) of the respondents belonged to 50-59 years age group. Around half 282 (47%) of the study participants did unskilled work while 3/4th of them 462 (77%) were married. Socio-economic status of the study participants were determined using modified BG Prasad classification, 2018 and it was found that most of the respondents 284 (47.33%) belonged to social class IV while only 16 (2.67%) belonged to social class I.

Table 1: Socio-demographic characteristic of the study participants (N = 600)

Socio-demographic characteristics	Frequency (N=600)	Percentage
Age		
20-29	190	31.67
30-39	198	33
40-49	120	20
50-59	92	15.33
Sex		
Male	284	47.33
Female	316	52.67
Educational status		
Illiterate	88	14.66

Primary school	190	31.67
Middle school	210	35
High school and above	112	18.67
Occupation		
Homemaker	218	36.33
Unskilled	282	47
Semiskilled	24	4
Skilled	52	8.67
Unemployed	24	4
Marital status		
Married	462	77
Divorced	14	2.33
Widow	44	7.33
Unmarried	80	13.34
Socio-economic status		
Social Class I	16	2.67
Social class II	92	15.33
Social class III	154	25.67
Social class IV	284	47.33
Social class V	54	9

It was found that 213 (35.5%) respondents felt sick in the preceding 30 days while 387 (64.5%) did not. Out of 213 respondents, majority 194 (91.08%) sought health care while 19 (8.92%) didn't seek any care during illness. More than 1/3rd of the respondents, 81 (41.75%) tried self-medication while only 66(34.02%) sought care in Government health facilities and 44(22.68%) visited private hospital. Regarding system of medicine, majority 177 (91.23%) preferred Allopathic medicine and only 5 (2.58%) and 3(1.55%) preferred Ayurvedic and Homeopathic medicine respectively. According to the reasons for not seeking health care during illness,

majority 13(68.42%) didn't find it necessary as symptoms were not severe and for 4(21.05%) lack of money was the reason for not seeking care. Out of the 66 respondents who sought care in Government health care facility, availability of low cost was the most common reason for majority 53 (80.30%) of them. .And out of the 147 study participants who didn't seek care in Government health facility, long waiting hours was the reason for majority 97(65.99%) of them. Significant association was found between gender, education and socio-economic status of the study participants with their health-seeking behaviour during illness ($p < 0.05$).

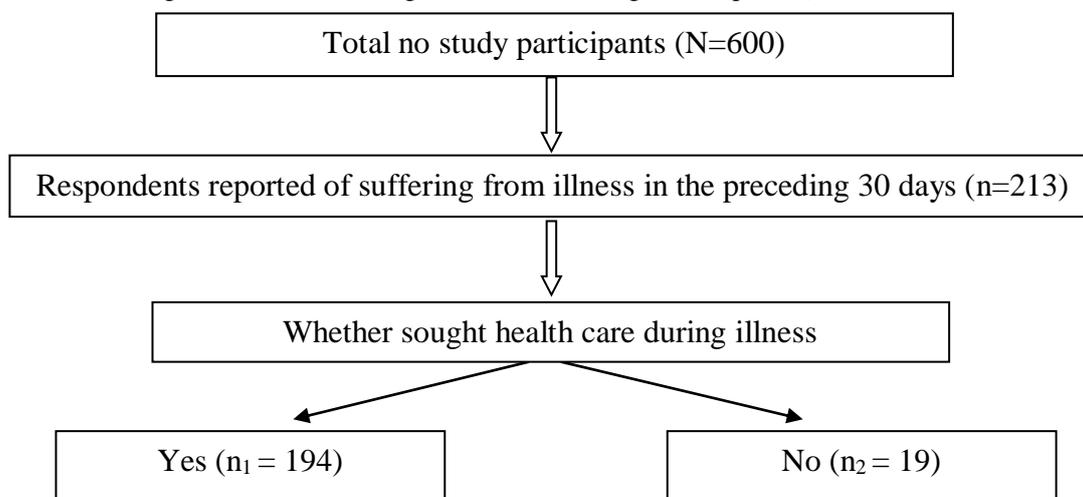


Figure 1: Flowchart showing number of respondents who sought and who didn't seek healthcare during period of illness in the preceding 30 days.

Table 2: Distribution of respondents based on what remedial actions they took during illness.

Remedial action taken during illness	Frequency (n ₁ = 194)	Percentage
Went to Govt. Health Care Facility	66	34.02
Went to Private Doctor/Hospital	44	22.68
Tried self-medication	81	41.75
Went to traditional healers	4	2.06
Tried home remedies / non drug self treatment	5	2.58

* Multiple Responses

Table 3: Distribution of respondents based on their preference of system of medicine during illness

System of Medicine	Frequency (n ₁ = 194)	Percentage
Allopathic	177	91.23
Ayurvedic	5	2.58
Homeopathic	3	1.55
Herbal	9	4.64

Table 4: Distribution of respondents based on reasons for not taking any action

Reason	Frequency (n ₂ = 19)	Percentage
Didn't find it necessary as symptoms were not severe	13	68.42
Lack of money	4	21.05
Long waiting hours	3	15.79
Waited for spontaneous recovery	3	15.79

Table 5: Distribution of respondents based on reasons for utilization and non-utilization of Government health facility during illness

1) Reasons for utilization of Government health facility during illness	Frequency (n* = 66)	Percentage
Low cost	53	80.30
Financial Constraints	24	36.36
Govt. health care facility is located nearby	10	15.15
Availability of good quality treatment	7	10.60
2) Reason for non-utilization of Government health facility during illness	Frequency (n** = 147)	Percentage
Waiting time is more	97	65.99
Non availability of free drugs & diagnostic services	41	27.89
Location of the facility is far away from home	20	13.61
No effective treatment given	23	15.65

*Multiple responses

Table 6: Socio-demographic factors affecting the health seeking behaviour of the respondents during illness

Sociodemographic factors		Sought health care service during illness		χ^2/F test (p value)
		Yes (n ₁ = 194)	No (n ₂ = 19)	
Gender	Male	71	15	(p<0.05)
	Female	123	4	
Educational status	Illiterate	7	9	54.686, df=3 (p<0.05)
	Primary school	42	7	
	Middle school	84	1	
	High school and above	61	2	
Socio-economic status	Social class I	5	1	9.584, df=4 (p<0.05)
	Social class II	19	3	
	Social class III	59	7	
	Social class IV	99	4	
	Social class V	12	4	

DISCUSSION

This study was conducted in the slums of Guwahati city with the aim to assess the health care seeking behaviour of adult population and its association with different sociodemographic factors. In the study out of 600 respondents, 47.33% were male and 52.67% were females which are in accordance with the findings of study conducted by Aleemi *et al.*, 2018. Majority (77%) of the study participants are married & most of them belong to the age group of 20-29 years (31.67%) and socio-economic class IV (47.33%). The age distribution, marital status and socio-economic status correspond with the findings of the study conducted by Patil *et al.*, 2016 in Dharavi, Mumbai. It was found that out of 600 respondents, 213 (35.5%) felt sick in the preceding 30 days. Among those who felt ill, 91.08% sought health care during their illness while 8.92% didn't. Similar findings were found in the study conducted by Mahejabin *et al.*, 2015 in slums of Dhaka city. Majority of the study participants, 41.75% in our study tried self-medication during illness which is similar to the findings of other studies conducted by Velhal and Durgawale, 2016 in slums of Karad town in Maharashtra and Siddiqui *et al.*, 2011 in urban slum areas of Karachi. Majority of the respondents in our study preferred seeking care from non Government sources like private clinic/hospital, traditional healers or tried self-medication and home remedies which is in accordance with the study conducted by Banerjee *et al.*, 2012. Allopathic medicine was preferred by majority (91.23%) of the respondents in our study which corresponds with the findings of other

studies conducted in the slums of Mumbai by Singh and Kalaskar, 2017. According to the reasons for not seeking health care, majority didn't seek treatment because they didn't find it necessary as the symptoms were not severe. A study conducted by Karanjekar *et al.*, 2014 in the slums of Aurangabad city observed similar findings. The main reason for majority of the study participants (80.30%) seeking health care from Government health care facility was low cost which is in accordance with the findings of the study conducted in slums of Delhi by Khokhar *et al.*, 2003. In the study significant relationship was observed between gender, education and socio-economic status of the slum dwellers with their health seeking behaviour during illness (p<0.05). Similar findings were observed in the studies conducted by Kumar and Mishra, 2017 in Varanasi and Gill *et al.*, 2015 in the slums of Amritsar city.

CONCLUSION

The study findings show that majority of the respondents took action during illness to rectify their health problem. However, the respondents preferred non Government sources for seeking health care indicating low utilization of Government health care services. The main reason for non utilization of Government health care services was long waiting hours.

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