

# Health Seeking Behaviour of Community People in Lalitpur District of Nepal

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## ABSTRACT

**Background:** Health seeking behavior is any action taken by an individual who perceive themselves to have any health problems or to be ill, for an appropriate remedy. It can be determined by physical, socioeconomic, cultural or political, environmental, socio-demographic, knowledge, gender issues, political environment and health care system. Individual have different opinion regarding willingness to seek health from health care services. The general objective is to assess the health seeking behavior of community people in Lalitpur district of Nepal.

**Methodology:** A descriptive cross-sectional study was conducted on community people of Mahalaxmi municipality in Lalitpur district of Nepal with the sample size 221. Probability proportionate method was used to select the ward and household, and respondents were selected purposively. Self-developed structure questionnaire was used to collect data using interview technique. Data management, analysis and interpretation were done using both descriptive and inferential statistics in SPSS version 16 software.

**Results:** Among 221 respondents, 84.6% of respondents seek health care services whereas 15.4 % did not seek health last time they were ill. The most frequently reported places to seek health care services were modern health facility (modern medication) (82.4%) followed by Self-medication (11.4%), alternative medication (4.6%) and traditional healer (1.6%) respectively. There was statistically significance association between health seeking behavior of community people with marital status ( $p=0.002$ ), occupation ( $p=0.001$ ), level of education ( $p=0.030$ ), source of income ( $p<0.001$ ), monthly income ( $p<0.006$ ), duration of illness ( $p=0.008$ ) and availability of nearest health care services ( $P<0.001$ ).

**Conclusion:** Study concluded that most of the respondents used modern medication while last time they were ill, such as hospital, clinic and health post as a first choice to treat health problem. The reasons for not seeking health care services were due to far distance, lack of money, lack of family support, lack of knowledge. Thus, awareness programmes are essential in community people for appropriate used of available health care services.

**Keywords:** Community people, Health seeking behavior, Utilization of health care services.

## INTRODUCTION

Health seeking behavior is any action taken by an individual who perceive themselves to have any health problems or to be ill, for purpose of finding an appropriate remedy.<sup>1</sup> Health seeking behavior are directly related to disease incidence, prevalence and

complication. Early recognition of symptoms, presentation to health care facilities and compliance with effective treatment can reduce morbidity and mortality.<sup>2</sup> It is not only a matter of knowledge about the cause and treatment of the disease, but also of perceived

seriousness and duration, cultural practices and socio-economic status.<sup>3</sup>

Health seeking behavior characterizes people's noticeable desires for health control and their concerns about the environmental impact of health.<sup>4</sup> A key determinant for health seeking behavior is the organization of the health care system, physical, socioeconomic, cultural or political factor. Indeed, the utilization of a health care system may depend on educational levels, economic factors, cultural beliefs and practice. Other factors include environment conditions, socio demographic factors, knowledge about the facilities, gender issues, political environment and health care system. In addition, cost of services, limited knowledge on illness and wellbeing and cultural prescriptions are barriers to the provision of health services which are significant affect the health seeking practices of communities.<sup>5</sup>

A study conducted at a part of Southern Ethiopia in 2015, among the elderly women, half (50%) of the respondents did not visit health facility during their illness. This study revealed that as the age increased the utilization of health institutions is decreased. The factor affecting health seeking behavior of the people were distant to health facility, lack of knowledge about when to visit health center and lack of family support.<sup>6</sup>

Similar descriptive cross sectional study conducted in university of Nigeria, Enugu campus in 2016, results shows that, most of the (98.7%) respondent ever experienced symptoms of illness, out of which half (50.7%) of the respondents seek modern health facility, (1.7%) seek alternative medicine (10.1%) seek traditional method, (13.4%) do self- medication whereas (24.1%) does not seek health facility.<sup>7</sup>

A descriptive cross sectional study conducted in 2013 in Illam district of Eastern Nepal, study reveals that 80% seek the private medical service whereas almost 19 % utilizes the service of traditional healer.<sup>8</sup> Similar descriptive cross sectional study conducted in senior citizen of Dharan

based on household survey was conducted among 400 senior citizens. Among them, (11.3%) do self- treatment during illness, (26.3%) visit to private practitioners\ Nursing home, (21%) used over the counter drug from nearest pharmacy, (36.3%) visit to BPKIHS hospital, (3.2%) visited health post \sub health post and (2%) visited to alternative medicine.<sup>9</sup>

The World Health Assembly in 2005 and the United Nations General Assembly in 2012 have emphasized the concept of universal health coverage to imply human right to health.<sup>10</sup> Constitution of Nepal has established basic health care as a fundamental right of its citizen. In spite of constitutional preservation of human rights, legal provision of special reservation in education, public employments, political structures of the state and large amount of budget allocation for over all state, socio economic development, progressive marginalization of exclusively poor communities as well as increasing poverty are highly rampant in Nepalese society.<sup>11</sup> Government of Nepal is committed to improve the health status of rural and urban people by delivering quality health services throughout the country through skilled human resources and various health facilities such preventive, promotive, curative and rehabilitative health care services depend not only in availability & accessibility of it but also on awareness and attitude of the people.<sup>8</sup>

There are many communities group of people who are still far away from access of health services in remote as well as urban areas. There is variation in disease prevalence and health seeking behavior of different groups of the peoples depending on the society.<sup>2</sup> There are many studies revealing health seeking behavior in developed and developing countries where as in context of Nepal there are very limited study conducted in this area. Therefore, the researcher was interested to gather information regarding health seeking behavior in community people.

### Objectives of the Study

To find out health seeking behavior among community people in Mahalaxmi municipality in Lalitpur district.

To measure association between health seeking behavior of community people and selected variables.

### MATERIALS & METHODS

A descriptive cross sectional study was adopted to assess the health seeking behavior of the community people. Study population was the community people of Mahalaxmi municipality who will be above 20 years of age and respondents must have reported illness within 6 months of period. Simple random sampling technique was used to select the ward for the study. Three wards were randomly selected from the 10 wards through the lottery method. Household and respondents were selected purposively. Again respondents were selected through the simple random sampling (If there two or more than two members in a family of above 20 years were illness within 6 month of period). The total sample size of the study was 221. Self-developed structured questionnaire was used for data collection. The instrument was divided into two parts, the first part consisted of socio-demographic and health, health care services related questions. The second part consisted of question related to health seeking behavior.

Validity of the instrument was maintained by consulting the subject expert, reviewing

the related literature, consulting the research guide advisor, consulting with colleagues. The tools were developed on the basis of objectives of the study. Pretesting of the instruments was done administering the Nepali version of instrument in 10% (22) sample from Community people of Godavari Municipality ward no.12 as they meet the sample criteria.

The research proposal was approved by the Institutional Review Committee (IRC) of Manmohan Memorial Institute of Health Sciences (MMIHS). Then formal permission was obtained for data collection from Mahalaxmi Municipality of Lalitpur district. Face to face interview technique was used using self-developed structured questionnaire. The right of the respondents was respected by allowing them to withdraw from the study at any time if they wish. Confidentiality and privacy were maintained by not disclosing the information given by them. Informed consent was obtained from each respondent prior to data collection. About 15-20 minutes was given to each respondent for answering the questions. Data was collected from around 15-16 respondents each day from 2076\ 05\01 to 2076\05\31. The obtained data was analyzed by using SPSS version 16. Descriptive (mean, frequencies, standard deviation) and inferential (Chi-Square, Phi-Cramer's) statistics were used. The level of significant is set as 5% with p value <0.05 and 95% confidence interval.

### RESULTS

Table 1 Socio-Demographic Characteristics of Respondents n = 221

Characteristics	Categories	Frequency (n)	Percentage (%)
Age (in year)	21-39 (young adult)	103	46.6
	40-59 (middle adult)	78	35.3
	60 and above (elderly adult)	40	18.1
Sex	Male	135	61.1
	Female	86	38.9
Religion	Hindu	171	77.4
	Buddhist	28	12.7
	Christian	22	10.0
Types of family	Nuclear	91	41.2
	Joint	109	49.3
	Extended	21	9.5
Marital status	Unmarried	36	16.3
	Married	167	75.6
	Separated	3	1.4
	Divorced	1	0.5
	Widow	14	6.3

<b>Occupation</b>	House manager	26	11.8
	Agriculture	23	10.4
	Business	99	44.8
	Government services	16	7.2
	Private services	41	18.6
	Others	16	7.2
<b>Ethnicity</b>	Dalit	7	3.2
	Janjati	157	71.0
	Madhesi	3	1.4
	Muslim	1	0.5
	Brahmin\Chhetri	53	24.0
<b>Staying with</b>	Parents	45	20.4
	Husband\wife\family	155	70.1
	Relatives	4	1.8
<b>Level of education</b>	Alone	17	7.7
	No education	36	16.3
	Basic level (grade1-8)	71	32.1
	Secondary level (Grade9-12)	82	37.1
<b>Source of income</b>	University level	32	14.5
	Agriculture	39	17.6
	Business	104	47.1
	Services	67	30.3
<b>Monthly income</b>	Others	11	5.0
	Less than Rs 10,000	35	15.8
	Rs 10,001-Rs 20,000	103	46.6
	Rs 20,001-Rs 30,000	55	24.9
	Rs 30,001-Rs 40,000	27	12.2
More than Rs 40,000	1	0.5	

Table 1 represents that among 221 respondents, less than half (46.6%) of the respondents were from middle aged adult, more than half (61.6%) were male. Majority (77.4%) from Hindu religion. Nearly half (49.3%) of the respondents were from joint family and 75.6% of them were married. Similarly, less than half (44.8%) were

engaged in business. Majority (71%) of the respondents were Janajati, 70.1% of the respondents stay with husband \wife\family and 83.7 % were literate. Regarding the source of income, less than half of the respondents (47.1%) were involved in business and 46.6% monthly income was Rs10, 001- Rs 20,000.

**Table 2 Illness and Health Care Service Related Information of Respondents n=221**

Variables	Frequency (n)	Percentage (%)
<b>Current health problems/illness</b>		
Systemic Infection	71	32.1
Respiratory problem	60	27.1
Gastrointestinal problem	43	19.5
Musculoskeletal problem	17	7.7
Neurological problem	17	7.7
ENT problem	09	4.1
Cardiovascular problem	04	1.8
<b>Duration of illness</b>		
Less than 7 days	134	60.6
7 days to less than 14 days	49	22.2
14 days to less than 30 days	07	3.2
30 days and more days	31	14.0
<b>Availability of nearest health care services</b>		
Less than 30 min	99	44.8
30 min to < 60 min	80	36.1
1 hour to ≤2 hour	26	11.8
More than 2 hour	16	7.3

Table 2 shows that nearly 1/3<sup>rd</sup> (32.1%) of the respondents had systemic infection and only (1.8%) had cardiovascular problem. About 3/5<sup>th</sup> of the respondents (60.6%)

duration of illness was less than seven days. Similarly, less than half (44.8%) had availability of nearest health care services in less than 30 minutes of duration.

**Table 3 Health Seeking Behavior of Respondent for the Last Time they were Ill. n=221**

Variables	Categories	Frequency (n)	Percentage (%)
Seek health during illness	Yes	187	84.6
	No	34	15.4
If yes, Duration to seek health care services after illness (n=187)	Within 24 hour	100	53.5
	Within 2-3 days	61	32.6
	Within 4-7 days	08	4.3
	More than 7 days	18	9.6
Place of seeking health care (n=187)	Modern health facility	154	82.3
	Alternative Medicine	08	4.3
	Self-medication	22	11.8
	Traditional healer	03	1.6
Modern Health Facility (Modern Medication) (n=154)	Government hospital	32	20.8
	Private hospital	34	22.1
	Clinic	74	47.4
	Health post	15	9.7
Alternative Medicine (n=8)	Ayurveda	06	75
	Homeopathy	02	25
Source of Information for health care services (n=187)	Newspaper\Magazine	05	2.7
	Radio\Television	08	4.3
	Internet	04	2.1
	Educational class	13	6.9
	Friends \Relatives	89	47.6
	Self	68	36.4

Table 3 shows that most of the respondents (84.6%) seek health during last illness/health problems. Among the respondents who seek health, half of respondents (53.5%) start to seek health care services within 24 hours of illness and majority of the respondents seek modern medication (82.4%) and only 1.6% seek traditional healer. Among the respondent who seek modern medicine nearly half of

the respondents (47.4%) goes to clinic and few (9.7%) of the respondent goes to health post for the treatment. Similarly, respondents who prefer alternative medication majority of the respondent (75%) had used Ayurvedic and 25% Homeopathy. Less than half (47.28%) of the respondent reported to get information about the health care services from friends \ relatives.

**Table 4 Reason for Seeking Health Care Services of Respondents n=187**

Variables	Frequency (n)	Percentage (%)
<b>Modern medication *(n=154)</b>		
Quality Services	99	64.3
Easily available	69	44.8
Cheap	9	5.8
<b>Alternative Medicine *(n=8)</b>		
Affordable	6	75
Easily available	6	75
Own belief	2	25
<b>Self-medication* (n=22)</b>		
Easily available	22	100
Affordable	7	31.8
Treat minor illness	4	18.2
<b>Traditional Healer*(n=3)</b>		
Own belief	3	100
Easily available	1	33.3

\*Multiple responses

Table 4 exhibits that more than half of respondents seek modern health facility for quality services (64.3%). Likewise, among alternative medicine user, 75% prefer due to affordable. Cent percent of the respondents

prefer self-medication due to easily available. Similarly, among the traditional healer user all had own belief and 33.3% for easily available.

**Table 5 Reason for Not Seeking Health Care Services of Respondents n=34**

Variables*	Frequency (n)	Percentage (%)
Far distance	17	50.0
Lack of money	13	38.2
Lack of family support	12	35.2
Lack of knowledge	02	5.8

\*Multiple responses

Table 5 shows that among the respondents who were not seeking health care services during illness due to the reason for far distance (50.0%) followed by lack of money (38.2%), lack of family support (35.25%), due to lack of knowledge (5.88%) about health care services.

**Table 6 Association Between with Health Seeking Behavior with Socio-Demographic Variables n =221**

Variables	Modern Medication n (%)	Alternative Medication n (%)	Self medication n (%)	Traditional healer n (%)	Did nothing n (%)	d.f	X <sup>2</sup>	p-value
<b>Age (in year)</b>								
≤40	82 (83.7)	2 (2.0)	12 (12.2)	2 (2.0)	15 (13.3)	4	3.524	0.474
> 40	72 (80.9)	6 (6.7)	10 (11.2)	1 (1.1)	19 (17.6)			
<b>Gender</b>								
Male	98 (72.6)	7 (5.2)	14 (10.4)	3 (2.2)	13 (9.6)	4	12.209	0.11
Female	56 (65.1)	1 (1.2)	8 (9.3)	0 (0.0)	21 (24.4)			
<b>Religion</b>								
Hindu	123 (71.9)	7 (4.1)	19 (11.1)	1(0.6)	21(12.3)	8	11.604	0.170
Buddhist	18 (64.3)	1 (3.6)	2 (7.1)	1(3.6)	6 (21.4)			
Christian	13 (59.1)	0 (0.0)	1 (4.5)	1(4.5)	7 (31.8)			
<b>Types of Family</b>								
Nuclear	66 (72.5)	2 (2.2)	12 (13.2)	1 (1.1)	10 (1.0)	4	4.686	0.321
Joint	88 (67.7)	6 (4.6)	10 (7.7)	2 (1.5)	24 (18.5)			
<b>Marital Status</b>								
Single	29 (53.7)	6 (11.1)	8 (14.8)	0 (0.0)	11 (20.4)	4	17.517	0.002*
Married	125 (74.9)	2 (1.2)	14 (8.4)	3 (1.8)	23 (13.8)			
<b>Occupation</b>								
Employed	118 (74.7)	7 (4.4)	17 (10.8)	1 (0.6)	15 (9.5)	4	18.001	0.001*
Unemployed	36 (57.1)	1 (1.6)	5 (7.9)	2 (3.2)	19 (30.2)			
<b>Ethnicity</b>								
Dalit	2 (28.6)	0 (0.0)	0 (0.0)	0 (0.0)	5 (71.4)	16	21.883	0.181
Janjati	113 (72.0)	7 (4.5)	7 (4.5)	2 (1.3)	21 (13.4)			
Madhesi	2 (66.7)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)			
Muslim	1 (100)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)			
Brahmin\Chhetri	36 (67.9)	1 (1.9)	7 (13.2)	1 (1.9)	8 (15.1)			
<b>Staying with</b>								
Family	140 (68.6)	8 (3.9)	20 (9.8)	3 (1.5)	33 (16.2)	4	2.482	0.648
Alone	14 (82.4)	0 (0.0)	2 (11.8)	0 (0.0)	1 (5.9)			
<b>Level of education</b>								
Illiterate	19 (52.8)	4 (11.1)	5 (13.9)	0 (0.0)	8 (22.2)	8	17.057	0.030*
Up to +2	115 (73.7)	4 (2.6)	11 (7.1)	3 (1.9)	23 (14.7)			
University level	20 (69.0)	0 (0.0)	6 (20.7)	0 (0.0)	3 (10.3)			
<b>Source of Income</b>								
Agriculture	26 (52.0)	1 (2.0)	3 (6.0)	2 (4.0)	18 (36.0)	4	25.559	<0.001*
Service	128 (74.9)	7 (4.1)	19 (11.1)	1 (0.6)	16 (9.4)			
<b>Monthly Income</b>								
< Rs 20,000	91 (66.4)	4 (2.9)	10 (7.3)	2 (1.5)	30 (21.9)	4	13.588	0.006*
≥ Rs20,000	63 (75.0)	4 (4.8)	12 (14.3)	1 (2.1)	4 (4.8)			

P value obtained from chi-square with significance at 95% C.I

Table 6 depicts that there is significance association between health seeking behavior with marital status (p=0.001), occupation (p=0.002), level of education (p=0.030), sources of income (p <0.001) and monthly income (p =0.006).

**Table 7 Association between Health Seeking Behavior with Illness and Health Care Services Variables n=221**

Variables	Modern Health Facility	Alternative Medicine	Self Medication	Traditional Healer	Did nothing	d.f	X <sup>2</sup>	p-value
<b>Duration of illness</b>								
<14 days	120 (64.9)	6 (3.2)	22 (11.9)	3 (1.6)	34 (18.4)	4	15.71	0.008*
≥14 days	34 (94.4)	2 (5.6)	0 (0.0)	0 (0.0)	0 (0.0)			
<b>Availability of nearest health care services</b>								
< 1 hour	135 (75.4)	4 (2.2)	21 (11.7)	3 (1.7)	16 (8.9)	4	38.57	<0.001*
≥1 hour	19 (45.2)	4 (9.5)	1 (2.4)	0 (0.0)	18 (42.9)			

P value obtained from chi-square with significance at 95% C.I

Table 7 depicts that there was significant association between health seeking behavior with duration of illness ( $p=0.008$ ) and availability of nearest health care services ( $p<0.001$ ).

## DISCUSSION

The present study shows that among the 221 respondents who were ill within six month of period, more than 1\5<sup>th</sup> respondents (32.1%) had systemic infection such as fever, blood infection, typhoid fever followed by (27.1%) with respiratory problem, (19.5%) gastrointestinal problem whereas (7.7%) were musculoskeletal & neurological problems (headache, migraine) whereas (4.1%) ENT problem and only (1.8%) had cardiovascular problem. Similarly, 3\5<sup>th</sup> of the respondent (60.6%) was ill for less than 7 days whereas only 3.2% were ill for 14 days to 30 days. Regarding availability of nearest health care services, less than half of respondents (44.8%) takes less than 30 min and only 7.3% takes more than two hours to reach health care services.

Existing study shows that, most of the respondents (84.6%) seek their health during illness and few (15.4%) did not seek any health care services during illness. These findings are similar to the study conducted in Bangladesh showed that, most of the respondents (94%) seek health care services.<sup>12</sup>

Among those respondents (84.6%) who seek health, most of the respondents, first approach place of seeking health was modern health facility (Modern medication) (82.3%) during illness followed by self-medication 11.4%, whereas few (4.6%) alternative medications and only 1.6% used traditional healer. These findings are parallel to the study conducted in Kenya where most of the respondents (87.3%) seek health care services on illness where 32.4% seek self-medication, followed by 1\3<sup>rd</sup> seek for modern health facility and about 1\5<sup>th</sup> respondent seek for traditional medication.<sup>13</sup> These findings are also similar to the study conducted on a mother having 24

months' children in outpatient department of teaching hospital Kathmandu where most of the respondents (90.6%) seek help for their health problem first time from the modern medication.<sup>14</sup> and study conducted in Chitwan Bharatpur also revealed that 83.7% of the respondents seek help from modern medication.<sup>15</sup> Likewise study conducted by Ali and Woldearegai (2019) in Afar pastoral community shows that majority of the respondents (71%) prefer modern medicine.<sup>16</sup>

Present study shows that, among the respondents who seek modern health facility (82.4%), less than half (47.4%) of them goes to clinic only (9.7%) goes to health post. This finding resembles the result of the Uganda where the most of the respondents (89%) were aware about mobile clinic and more than 1\5<sup>th</sup> of the respondents (28%) had received such services in the past month.<sup>5</sup> Similarly in present study, majority of the respondents (64.2%) reason for visiting health facility were quality services (64.3%) followed by easily available (44.8%) and only 5.8% visit as it is cheap.

Current study shows that among the respondents who do not seek health care during illness, about half of them don't seek health due to far distance, followed by lack of money (38.2%), lack of family support (35.3%) and due to lack of knowledge (5.9%). These findings of the study supported by previous study conducted on Teaching hospital, Kathmandu, Nepal by which revealed that that about 1\3<sup>rd</sup> (33.3%) of the respondents did not seek health care facility due to far distance.<sup>14</sup>

Moreover, present study exhibits that there is significant association between health seeking behavior of community people with marital status ( $p=0.002$ ), occupation ( $p=0.001$ ), level of education ( $p=0.030$ ), source of income ( $p<0.001$ ), and monthly income ( $p=0.006$ ), duration of illness ( $p=0.008$ ) and availability of nearest health care services ( $p<0.001$ ). These findings of the study are parallel to the previous study conducted in Dharan on senior citizen showed that there is significant relationship

between health seeking behavior with source of income ( $p= 0.003$ ) and monthly income ( $p=0.001$ ).<sup>9</sup> Similarly, a study conducted in Uttar Pradesh shows significant association between health seeking behavior of the respondents and socio economic status ( $p<0.001$ ).<sup>17</sup> Similarly study conducted in Uganda shows that significant association between health seeking behavior with age and occupation.<sup>5</sup> Furthermore, present study finding reveals that there is no statistical significant association between health seeking behavior and age, sex, religion, type of family, ethnicity of the respondents. These findings is supported by the study conducted in India, which revealed that there is no any significant association between health seeking behavior and religion.<sup>2</sup> In the same way study conducted in Nepal also concluded that there is no significant association between religion, ethnicity and health seeking behavior.<sup>1</sup> Whereas community based studies indicates that significant association between health seeking behavior and age, gender, literacy status, religion, caste ( $p<0.00$ ).<sup>17</sup>. These finding is inconsistence with the present study.

## CONCLUSION

The findings of the study conclude that majority of the respondents seek health during illness. Among them, most of the respondents seek modern health facility as a first action to treat any health problem whereas few of the respondents used traditional healer. Statistical significance association are observed between health seeking behavior of community people with marital status, occupation, level of education, source of income, monthly income, duration of illness and availability of nearest health care services. In spite of availability of health services still community people were not seeking health care services due to the reason for far distance followed by lack of money, lack of family support, lack of knowledge. The practice of self-medication is relatively high

in the community. The health care professionals and other health care authorities should work together to increase the awareness of community people about the harmful effect of self-medication if used inappropriately. Besides, awareness programmes are needed to aware community people for appropriate use of health care services.

## Declaration by Authors

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