Dissertation Presentation on

Health Seeking Behavior of Community in Rural Areas of Ujjain, Madhya Pradesh

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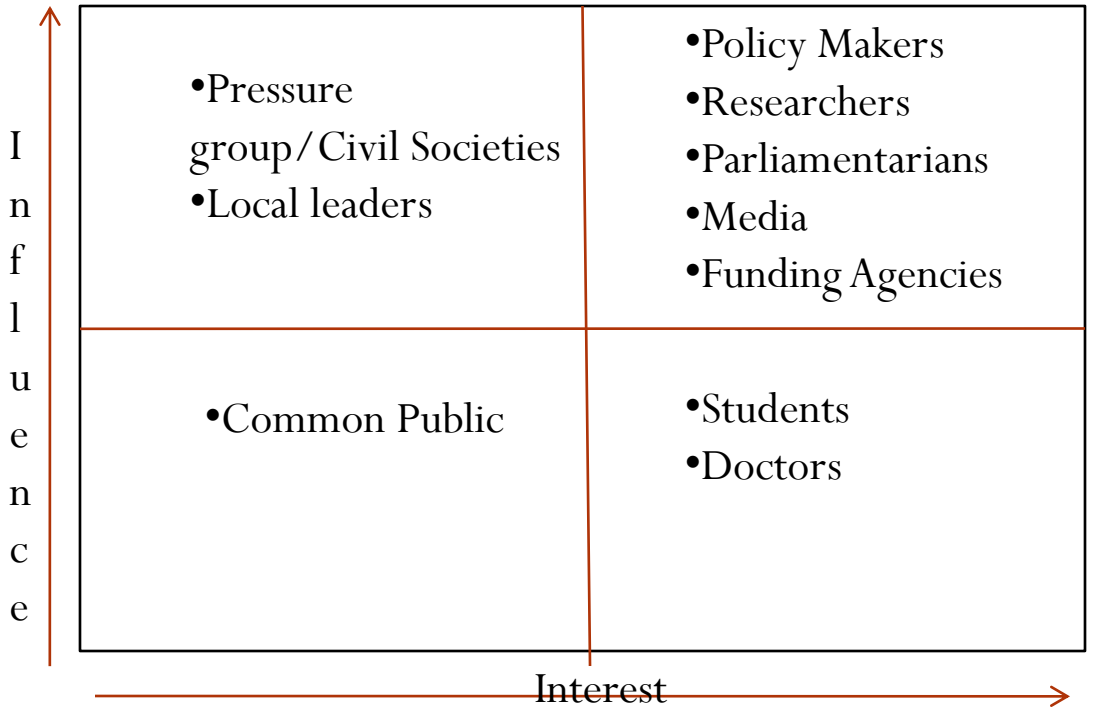
Introduction:- Health and Health Seeking Behaviour

- “Health is a state of complete mental, physical and social wellbeing and not merely the absence of diseases or infirmities”- World Health Organization (Official Records of the World Health Organization, no. 2, p. 100, entered into force on 7 April 1948) .

- Health Seeking Behaviour(HSB) is the response of an Individual or a Community to a disease or an ailment.

Why and for whom is this topic Important ?

WHOM?



WHY?

- It unveil the reality of HSB
- To develop effective health polices
- For intervention
- It provides a scope of further research

Review of Literature and Theories

- Health Belief Model:- There are several factors which motivate a person to (or not to) seek health care services. The 4Ps of 'health belief model' which determine the health seeking behavior of a person are perceived susceptibility, perceived severity, perceived barriers and perceived benefits.

- Anderson Model of Health Care:- Demonstrate the factors leads to use of health services. i.e. pre-disposing factor(race, age, health belief), enabling factor(community, family support, insurance) and need(perceived, actual need).

- The factors which determines HSB are socio –demographic factors including education, social structure, cultural beliefs and practices, gender issues, economic and political system, environmental condition, the disease pattern and the health care system itself .(kroeger, 1983; Andersen, 1995;Katung, 2001; Tridevi, 2000;Admson et al., 2003; Mumtaz and salway,2005)

- Mackian in 2001 said the HSB differ from community to community and not an individual perspective.

- Wilkonson in 2001 said that the perception of people about diseases is a key factor in determining their HSB.

Research Question

1. What is the treatment seeking behavior of rural community with emphasis to infectious diseases?

2. What is the type of treatment the community use to take and at what cost ?

Objectives

1) To determine the variation in HSB with respect to gender and age group of people.

2) To determine the factors responsible for choosing a particular health care provider/facilities/ services.

3) To calculate the out- of-pocket expenditure on health of the selected household over the study period.

4) To calculate the quantity of antibiotic prescribed by the providers to the selected cohort over the study period.

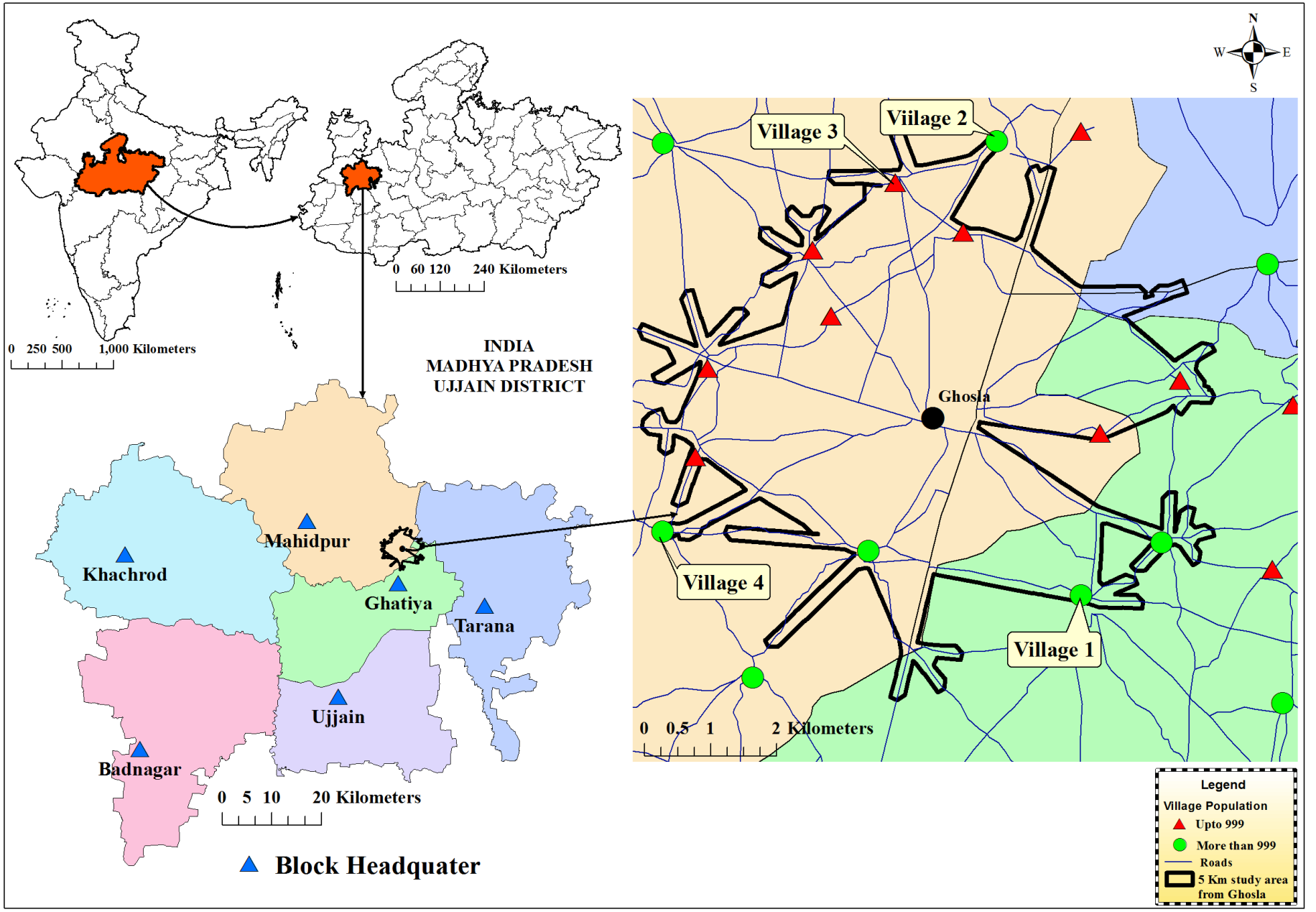
Methodology

- Type of study:- Exploratory and Descriptive follow up study. The study was nested under an ongoing larger project, Antibiotics Pollutant in Water and Resistance in Rural India- Intervention to Improve Antibiotics Resistance Management (APRIAM).

- Setting of the study/Study Area:- The study was conducted in four selected villages of Ghati and Ghonsla Block, Ujjain, M. P. The villages were selected between 5 KMs road buffer from Ghonsla (nearest town) keeping in mind easy accessibility .

- Sampling:-
  - Sampling type was Simple Random Sampling.
  - Inclusion Criteria:- Households with at least one child(1-3yr of age) were selected.
  - Baseline survey and a Socio-economic survey was conducted prior to the HSB study.

Map of Study Area



Methodology … Continued

- Sample Size : A sample size of 86 HH of four villages were selected .All the members(515) of all age group of those household were followed.
- Tools:- Pre-Tested Questionnaire- Both open and close ended questions.
- Study period:-26 Weeks(August 2014-Feb 2015)
- Methods of Data Collection: Face- Face Interview. Two team of Health Workers, each team consisting of one Male & one Female HW were trained rigorously for the processes.
- Each team was responsible for data collection of two villages.
- Field Schedule as shown below:- (T=Team, V= Village)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
T-1, V-1 T-2, V-3	T-1, V-2 T-2, V-4	Training/ form correction	T-1, V-1 T-2, V-3	T-1, V-2 T-2, V-4	Training/form correction	_____

Results:- Socioeconomic Background of the study Area

Characteristics		Percentage of respondents(n= 799 HH)
Caste	Rajput	23%
	Sondhiya Rajput	15%
	Teli	4%
	Kumbhar	4%
	Balai	13%
	Banjara	6%
	Chamar	5%
	Gari	5%
	Others	25%
Toilet Facility	No facility/Bush/Field	78%
	Latrines	22%
Properties Owned	Agricultural Land	98%
	Television	52%
	Motor cycle	43%
	Car/jeep	1%
	Tractor	9%
	LPG	32%
	Mobile Phone	89%
Type of Ration Card	BPL	40%
	APL	51%
	No Ration Cards	9%
Type of House	Kuchcha	47%
	Semi Pucca	38%
	Pucca	15%

Background of Study area and population

- The selected study areas are rural villages of Ujjain district.
- Most of the people are a gricultural farmers, 40 percent of them falling under BPL.
- They are hugely dependent upon private informal providers for treatment.
- Ghosla (nearest township), although it has a PHC. It is a hub of informal provider.

Total Episode of illness

	Total episode of sickness (study population)	Male(total)	Female(total)	Below 15 year of age(total)	Above 15 year of age(total)
Village 1	145(135)	92(74)	53(61)	90(80)	55(55)
Village 2	110(140)	68(78)	42(62)	67(82)	43(58)
village 3	85(69)	41(33)	44(36)	46(39)	39(30)
Village 4	156(171)	59(73)	97(98)	102(96)	54(75)
Total	496(515)	260(258)	236(257)	305(297)	191(218)

- Most Commonly reported illness are cold, cough and fever .

Any kind of treatment taken

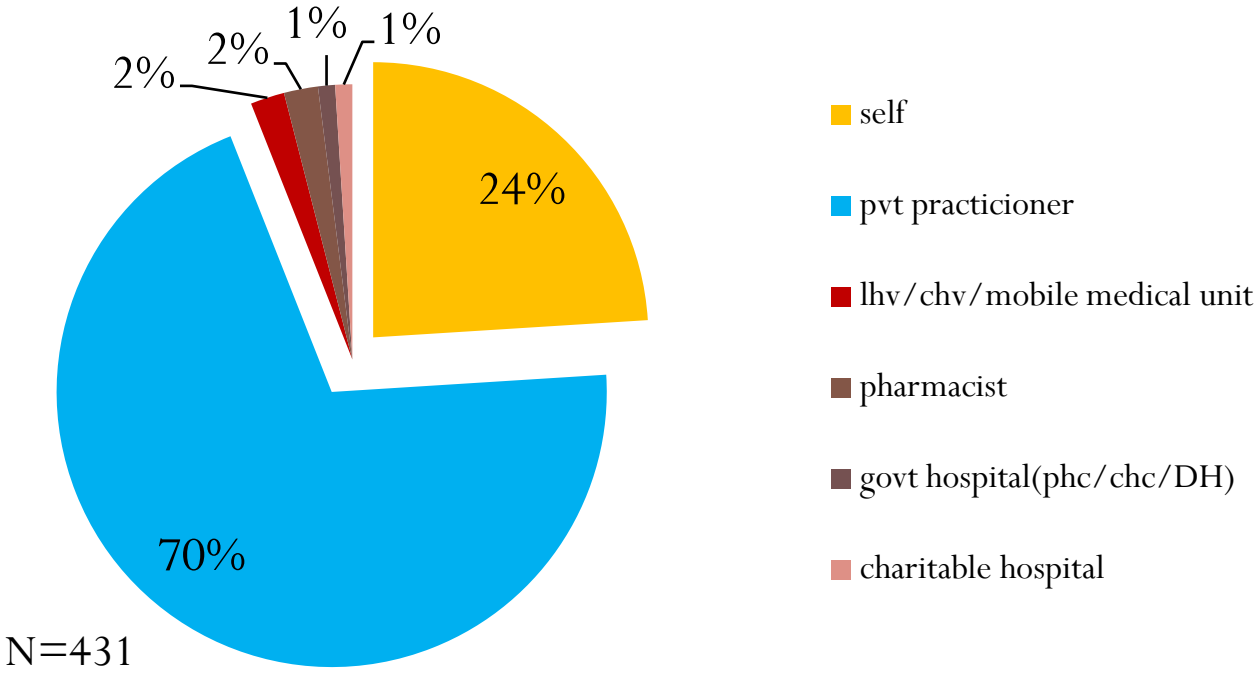
	Treatment taken	Male	Female	Below 15 year of age	Above 15 year of age
Village 1	100	60	40	56	43
Village 2	109	67	42	66	43
Village 3	79	39	40	41	38
Village 4	143	86	54	105	38
Total	431	252	176	268	161

•Out of total reported cases of 496, 431 (87%) of them have taken any kind of treatment.

•97 percent of male(n=260) and 75 percent of females(n=236) out of total respective cases have taken treatment.

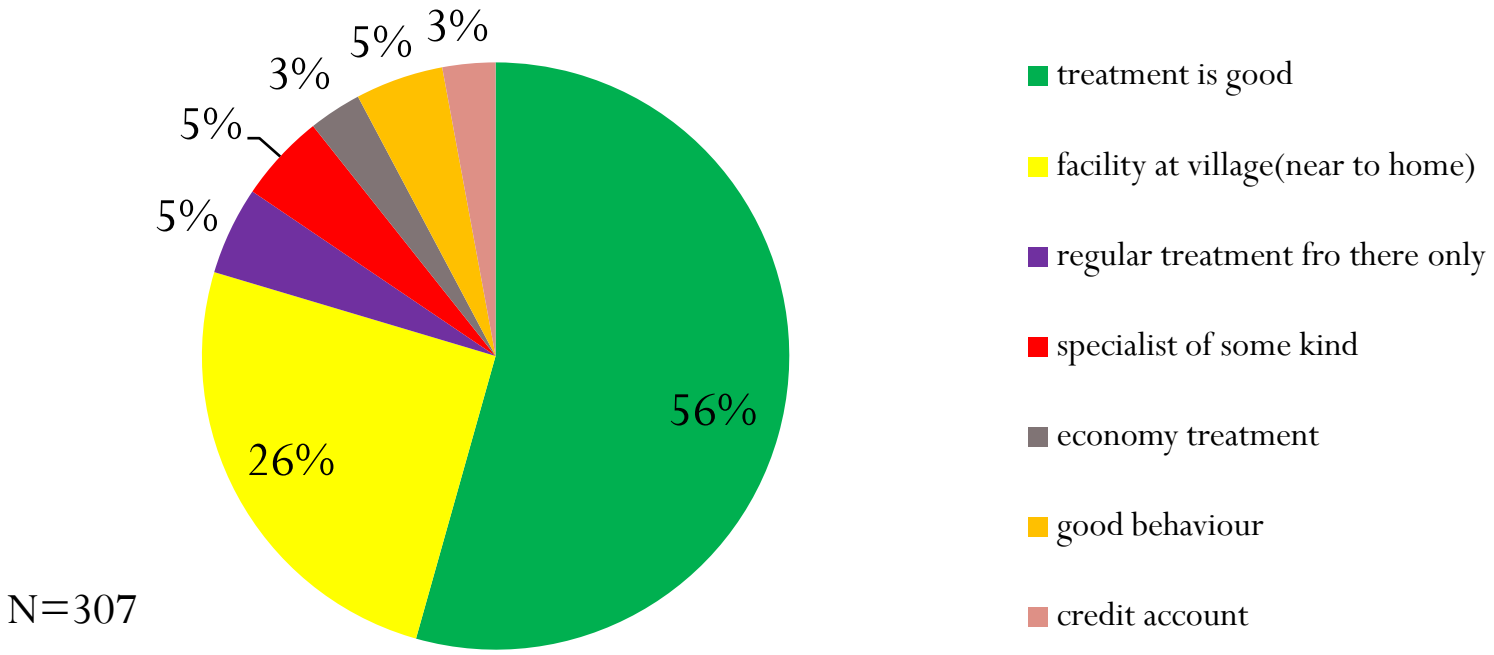
•89 percent of cases below 15 year of age(n=305) and 84 percent of cases above 15 year(n=191) have taken treatment.

Choice of Treatment



- Most of Private Practitioner are unskilled Informal Provider(IP).
- Public health services are rarely used (only two percent).
- OTC drugs easily accessible from *kirana* shop in all the villages.

Reasons for choosing a Particular Provider



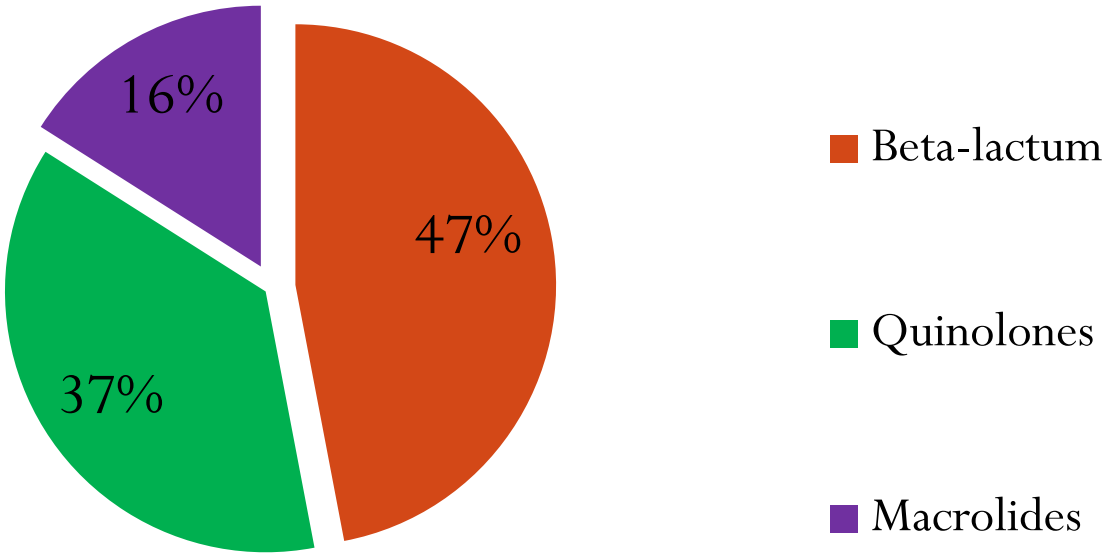
- Unless the disease is severe people do not visit to Ujjain city for treatment.
- Community has its own perception of severity of illness and definition of good treatment and good doctor.

Out-of-Pocket Expenditure per Treatment

DIRECT COST	Village 1	Village 2	Village 3	Village 4
Total Cost	21531	3781	14790	18190
Max cost	12000	480	4000	6000
Min cost	0	0	0	20
Average cost	414	118	235	234

INDIRECT COST	Village 1	Village 2	Village 3	Village 4
Total Cost	4970	280	1660	2370
Max cost	4000	20	150	300
Min cost	0	0	0	0
Average cost	96	8	26	30

Drug and Antibiotic Use



- Average number of drug prescribed per prescription is four, maximum being eight.
- Maximum number of antibiotic prescribed per prescription is two.
- Antibiotic are prescribed indiscriminately almost for every cough and cold with out any investigation.
- prescription of injection is very common.

Discussion

- The results gratify ‘Health Belief Model’.

i. **Perceived severity:-** a) Communities perception about severity of illness.

b) Choice of treatment based on perceived severity.

ii. **Perceived Susceptibility:-** a) irrational antibiotic use.

b) no Investigation c) self medication

iii. **Perceived Benefits(for choosing IP) :-** a) cost b) flexibility of payment c) Accessibility d) quickness in response e) flexibility of time.

iv. Perceived Barrier (for not availing good treatment) :-

a) loss of daily wages b) casual attitude of public doctors

c) long waiting time d) rigid time schedule.

Conclusion

- OTC drugs like Paracetamol, Combiflam are largely taken as self medication and are available at the village kirana shop.
- Rural community are highly dependent on private Practitioner (Informal Provider).
- Public health services are rarely used.
- Factors like Accessibility, Perception about a doctor based on past experience etc are factors which determine choice of provider.
- Females reporting and treatment is comparably less than males.
- Gaps left by unsatisfactory public health care services giving opportunity to Informal Provider’s Market.

Limitations of study

- Study is limited to treatment seeking behavior and not health as per definition of health given by WHO.
- Study duration was less. Can give better data and result if study will be done for more time.
- Definition of ‘Good Treatment’ by the community is yet to be known. To understand perception of the community Qualitative study is needed to be done.
- Unuttered Resistance to participate in the study may cause bias.
- The study was nested under a larger projects so there were certain limitation.

Thank You