HEALTH CARE SEEKING BEHAVIOUR AMONG WOMEN IN DELHI-NCR REGION: AN EXPLORATORY STUDY

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Introduction

Health is determined by genetic, social, environmental and various other factors. The concept of 'health-seeking behaviour' has gained the status of global acceptance in recent yearsas a key instrument to decide, explore and understand health preferences, their strategies and steps to alleviate illness (MacKian, 2001; Chin & Noor, 2014). Health-seeking behaviour is defined as "any action or inaction undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy" (Latunji & Akinyemi, 2018). It is not homogenous since a number of variables influence health, e.g., age, gender, social status, condition and type of disease types, economic status etc.In making decisions, the interplay of these factors plays a crucial role (Olenja, 2003).

The influence of gender on health-seeking behaviours is undeniably significant, among other factors. In the Indian context, females are frequently perceived as a unique subset of the population and experience bias that restricts their ability to obtain medical care. Furthermore, they may experience ambivalence regarding seeking treatment from a nearby hospital with a male physician or from another staff member in the same village who could potentially divulge confidential information. The existing research literature on women's health emphasizes that, in addition to healthcare services, women's health-seeking behaviours are complex and must be taken into consideration when formulating public policies (Duah & Adisah, 2017; Awoke, 2013; Woldemicael & Tenkorang, 2010).

In order to improve health-seeking behaviour and identify needs, it is imperative that women have improved access to healthcare facilities. This can be achieved through education on prevalent health issues, the establishment of health centres, and sensitising them towards healthcare access. It is essential to acknowledge that the behaviour when seeking medical care is a fundamental aspect of their general well-being, which is influenced by societal and demographic factors, individual knowledge, disease perception, and the

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availability and accessibility of health services. Health-seeking behaviour is a complex result of several variables which influence the condition at the individual level, family level, and community level, depending on these determines and their interconnections (Habtu et al., 2018).

Considering the above-mentioned variables, the current study aimed to evaluate the health-seeking behaviour among women, with the objective of identifying barriers and recommending a plan of action to improve women's healthcare-seeking behaviour.

Methods :

Study Design and Participants : A descriptive, community-based cross-sectional study design was used for the present study. Women aged 20 years and above were recruited from the Delhi-NCR region.

Study tool and methods: A total of 50 participants were taken for the current study. Prior to the interviews, participants were briefed about the study's purpose, and informed consent was obtained from each participant. Telephonic interviews were conducted with the help of a pre-designed, pretested and semi-structured questionnaire, using snowball sampling to collect their general and reproductive healthcare-seeking behaviour.

Data analysis:The data were entered in Microsoft Excel 2023 and SPSS 20.0 (IBM SPSS Statistics, New York, US) was used to manage and analyse the results. Fordifferent socio-demographic variables and other parameters, descriptive statistics were used, and frequency and percentage for ordinal and nominal variables with 95% confidence intervals were obtained.

Results :

The present study comprised a total of 50 women of reproductive age. The mean age of study participants was 31.2 years (SD±5.4). The majority of participants were in the 20-30 age range (56%), Hindu (92%), married (58%), had at least one child (36%), graduates or higher studies (84%), working (govt. sector=22%; regular private job=38%). Additionally, the majority of family heads had attained a graduate or higher education (64%) and held government jobs (38%). The majority (64%) had 3 to 5 family members sharing the same kitchen, and 92% had a monthly family income of more than 25,000 and was considered middle class. [Table 1].

Table 1: Demographic profile of study participants (n=50)

Variable		Frequency (%)
Age group	20-30	28 (56)
	30-40	19 (38)
	40-50	3 (6)
Religion	Hindu	46 (92)
	Muslim	1 (2)
	Others	3 (6)
Marital status	Unmarried	20 (40)
	Married	29 (58)
	Separated	1 (2)
Children	No	11 (22)
	1-2	18 (36)
	3-4	1 (2)
	Not applicable	20 (40)
Education	Upto 10^{th}	3 (6)
	12^{th} pass	5 (10)
	Graduate or higher	42 (84)
Occupation	Homemaker	8 (16)
	Daily wager	1 (2)
	Regular private job	19 (38)
	Govt. job	11 (22)
	Self-employed	3 (6)
	Students	8 (16)
Husband/Father education	Upto 10^{th}	11 (22)
	12^{th} pass	7 (14)
	Graduate or higher	32 (64)
Husband/Father occupation	Regular private job	14 (28)
	Govt. job	19 (38)
	Self-employed (Farmer/Shop)	12 (24)
	Currently unemployed	5 (10)
No. of family members	1-2	5 (10)
	3-5	32 (64)
	6-10	13 (26)
Family income (monthly)	< 10,000	2 (4)
	10,000-15,000	1 (2)
	15,000-25,000	1 (2)
	Above 25,000	46 (92)

The study findings indicated that private clinic/hospital was the most nearby healthcare facility, with a majority of 50% (CI: 35.53-64.47) choosing it as their preferred option. The second most commonly selected option was a government hospital, with 30% (CI: 17.86-

44.61) of participants choosing this facility. It was observed that 66% (CI: 51.23-78.79) of the study participants used theirpersonal vehicles to visit nearby healthcare facilities. The reason for a recent visit to the healthcare centre was primarily related to "fever" and "other skin or dental issues," which accounted for 58% (CI: 43.21-78.81), and most of them were accompanied by their husbands or fathers (46%; CI: 31.81-60.68). [Table 2].

Table 2: Health-seeking behaviour and pattern among participants (n=50)

Variables		**Frequency**	**%(*95% CI*)**
Types of healthcare facility nearby	Primary health centre (PHC)	6	12 (04.53-24.31)
	Community Health Centre (CHC)	4	8 (02.22-19.23)
	Govt. hospital	15	30 (17.86-44.61)
	Private clinic/hospital	25	50 (35.53-64.47)
Distance from residence (approx.)	Within 3 kilometres	32	64 (49.19-77.08)
	3 to 5 kilometres	10	20 (10.03-33.72)
	>5 kilometres	8	16 (07.17-29.11)
Transportation facility available	Public transport	10	20 (10.03-33.72)
	Private transport	7	14 (05.82-26.74)
	Personal/own vehicle	33	66 (51.23-78.79)
Reason to visit CHC/PHC/Clinic*	Fever related issues	29	58 (43.21-71.81)
	Diabetes/Hypertension	4	8 (02.22-19.23)
	ENT/Eye/Orthopaedics	6	12 (04.53-24.31)
	Menstrual related issues	10	20 (10.03-33.72)
	Others (Skin, Dental, etc.)	29	58 (43.21-71.81)
Accompanying with whom, when visit for consultation	Husband/Father	23	46 (31.81-60.68)
	Son/Daughter	1	2 (0.05-10.65)
	Elder family member (Male)	4	8 (02.22-19.23)
	Elder family member (Female)	9	18 (08.58-31.44)
	Neighbours' friend	1	2 (0.05-10.65)
	By self	12	24 (13.06-38.17)
Inhibition in discussing health issues with family members	Yes	6	12 (04.53-24.31)
	No	44	88 (75.69-95.47)
Require permission to access health care services	Yes	18	36 (22.92-50.81)
	No	32	64 (49.19-77.08)

Make own decision regarding healthcare	Yes	42	84 (70.89-92.83)
	No	8	16 (07.17-29.11)
Seek medical care as soon as symptoms appear	**Yes**	**28**	**56 (41.25-70.01)**
	No	22	44 (29.99-58.75)
Choice of doctor based on consultation fees	Yes	21	42 (28.19-56.79)
	No	29	58 (43.21-71.81)
Undergone healthcare measures during the last/present pregnancy?	Yes	25	50 (35.53-64.47)
	No	5	10 (03.33-21.81)
	Not applicable	20	40 (26.41-54.82)
ASHA or AWKs visit the community on a regular basis	Yes	6	12 (04.53-24.31)
	No	25	50 (35.53-64.47)
	Don't know	19	38 (24.65-52.82)

The study has further shown that 36% (CI: 22.92-50.81) of participants needed permission from family member to seek healthcare related services. Furthermore, 16% displayed their incapacitation to exercise their own decision about health care services. Nearly half of the respondents (42% [CI:28.19-56.79]) expressed concurrence that the consultation fee is one of the factors taken into account when selecting a physician for consultation. Furthermore, 50% (CI: 35.53-64.47) of the participants evinced an awareness of nearby functioning health centres. [Table 2].

Table 3:

Frequency Distribution of preferred healthcare practice during illness (n=50)

Preferred Healthcare practices*	Frequency (%)	95% CI
Visit qualified medical practitioner	41 (82)	68.56-91.42
Visit local RMPs	2 (4)	0.49-13.71
Home remedies	11 (22)	11.53-35.96
Spiritual healers	1 (2)	0.05-10.65
Over the counter medicine (Chemist shop)	18 (36)	22.92-50.81

*Multiple responses

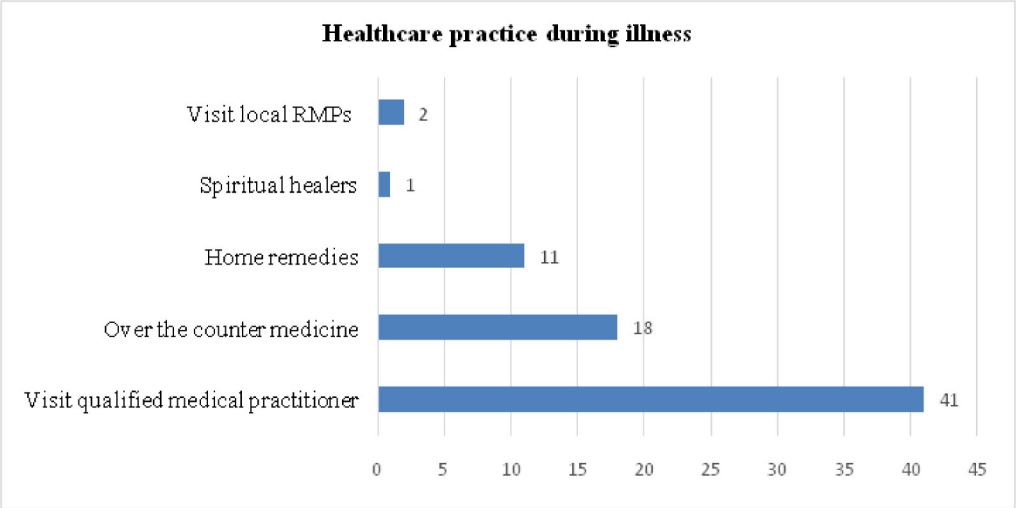

Fig. 1 Healthcare practices during illness

The majority (82%; CI: 68.56-91.42) of the participants preferred to visit qualified medical practitioners during illness. It is noteworthy, however, that a sizeable proportion of the study population (36%, CI: 22.96-50.81) also reported a preference for using "over-the-counter medicine (OTC)" without seeing a doctor, while others favoured home remedies (22%; CI: 11.53-35.96). [Table 3]. Fig. 1 depicts the frequency of preferred healthcare practices during illness.

Discussion :

Health-seeking behaviour is a dynamic process that includes an assessment of symptoms at the individual level, treatment without consulting a physician, preferring to seek advice from family and social groups and also consult professionally. The determination to select a specific healthcare system, facility or behaviour is influenced by individual requirements, societal influence, healthcare providers' actions, and the location of healthcare services. These play a collective role not as individualistic in determining the status of health.

The present study highlighted the pattern of health-seeking behaviour in women. A total of 50 women were included in this study with the mean age of 31.2 years (SD±5.4).Even though more than half of the participants had graduated or studied higher (64%), and working (including government and private sector), they still displayed reservations about discussing health issues with family members and 36% of them sought permission from family members beforeconsulting any healthcare facility. The credible explanation for this scenario is that the decision-making autonomy and the extent to which they have access to the outside world are indicators of their status in traditional Indian culture and women are

less likely to meet the expected standards. Additionally, research indicates that women within society have health issues that they refrain from discussing with family members. In terms of reproductive health, merely a nominal percentage possesses the authority to make the final decision; conversely, this authority typically rests with partners or mothers-in-law (Khan et al., 2020; Gopalakrishnan et al., 2019; Lassi et al., 2019). This predicament manifests that the primary deterrent to women's health-seeking behaviour is their perception that family members are the ones who make health decisions or opt to defer medical attention until symptoms abate.

Furthermore, the results of the study highlighted the issue of seeking healthcare as soon as symptoms appear. The results have unveiled that 56% of the participants sought healthcare as early as symptoms surfaced, while, 44% of participants said that they don't seek healthcare facilities as soon as symptoms appear. This could allude to the need to sensitise women regarding health accessibility and health literacy. The poor financial independence of women frequently indicates the initiation of decisions regarding the type of treatment and preference of consultants over fees. Additionally, affordability is a significant aspect that influences their decision to choose healthcare services. As much as 42% of the study participants stated that their choice of treating physicians is based on consultation fees. Omotoso (2010) has also highlighted that 32.9% of the study population preferred a particular medical service since they could afford only those medical charges.

Financial as well as socio-cultural factors have a substantial effect on how people perceive disease and seek healthcare services. In various societal contexts, socio-cultural practices are believed to influence the course of illness. For example, families typically seek spiritual healers or opt for home remedies when a child has epilepsy. Moreover, effective utilization of healthcare services is pivotal towards the attainment of the overarching objective of "health for all". Remarkably, 82% of the study participants conveyed their preference during illness to visit a qualified medical practitioner, however, over-the-counter medicine was favoured by 36%. Additionally, 22% of the respondents indicated a preference for home remedies when unwell. The findings of the present study also evident to support the work of various researchers who reported that ranging from 42% to 83.6% of the population had sought healthcare services in hospitals (Awasthi et al., 2009; Khan et al., 2018; Vijayalakshmi et al., 2013; Hoeben et al., 2012). The determinants that influence the decision to choose OTC as a treatment option for illness are comprised of cultural competency of care, ease of communication, geographical distance to the healthcare system, and avoidance of societal stigma and labelling. Of notable importance is that 36% of the respondents from the study revealed a proclivity for OTC medicine, thus constituting a salient concern when

preparing for healthcare-seeking policies.

Conclusion :

In conclusion, the present study shed light on the intricate landscape of healthcare-seeking behaviour among women of reproductive age. Based on the information collected on various parameters pertaining to the principal theme of 4A's, i.e., affordability, accessibility, acceptability and availability of the healthcare system, it was ascertained that nearly half of the participants were required to get permission from family members to seek healthcare services and showed the inability to make own decision regarding the same which could delay diagnosis, improve treatment adherence, and improved health outcomes. The present study highlighted the need to create awareness about health literacy and the resources offered by the healthcare system. Additionally, it may potentially foster the assimilation of healthcare interventions within the framework of public health initiatives.

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