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A COMPARATIVE STUDY OF HEALTH CARE SEEKING BEHAVIOUR AMONG ADULT MALE AND FEMALE POPULATION RESIDING IN SLUMS OF GUWAHATI CITY

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KEYWORDS :

INTRODUCTION:

Primary Health Care is a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people's needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment[1] . In spite of large number of doctors and para-clinical staffs 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. Health of an individual is influenced by lot of factors including social, environmental, genetic and others. Current views of health and illness recognize health as more than absence of disease.[2]

The concept of 'health seeking behavior' has gained popularity in recent years as an important tool for exploring and understanding patient preferences ,strategies people use to decide which option to use at which stage of illness, delays in diagnosis and actions across a variety of health conditions.[3,4] Health seeking behavior is a term which is used to explain the pattern of health care utilization among any population group and the sequence of remedial actions that individuals take in order to rectify perceived ill health.[3] Gender is a major determinant of health for women and men in India. Gender norms, roles and relations interact with biological factors, in turn influencing people's exposure to disease and risks for ill health. Therefore, it is important for health policy-makers to consider the different gender needs of all men and women. Tailoring health policies and programmes to take account of these differences and trends can improve their impact, reduce health inequities and advance the right to health for all. The health status of all women and men in India, as elsewhere, is determined by the interaction between social (gender) and biological (sex) differences. Besides gender, reasons such as location of residence (urban/rural), education and income also affect health status.[5] Several publications in the area of gender and health have established that gender differences exist with respect to decision-making regarding the appropriate type of treatment[6]. Some studies have found, for example, that women in developing countries utilize formal health care to a lesser extent than men [7] and instead are more inclined towards traditional healing options [8].

According to Harrison and colleague [9], the gender socialization process, which is in itself shaped by the socio-cultural ethos, also tends to impact health-related notions and habits, including decisions regarding when and where to seek help. Even though a lot has progressed, policies are refined but still a part of the society is lagging behind to utilize the basic services provided by the government. The present study is conducted with the objectives to compare the health care seeking behavior among adult male and female population residing in urban slums of Guwahati city and to determine the various factors influencing it.

MATERIALS AND METHODOLOGY:

A community based cross sectional study was conducted in 10 urban slums of Guwahati City. The slums were selected randomly from the 100 registered slums (Guwahati Municipal Corporation Data, 2020) of Guwahati City. A study sample of 104 was taken purposively out of which 53 were males and 51 were females. Out of 10 selected slums, 5 slums were selected randomly and from those slums the lists of all the male members between the age group of 18 to 60 years of all the families were taken. Similarly from the other 5 selected slums the lists of all the female members between the age group of 18 to 60 years of all the families were taken. From the lists which were considered as sampling frame 53 males and 51 females who gave consent to participate in the study were selected using simple random sampling method. The study was conducted from 15th April to 15th July, 2023 for a period of 3 months. The study participants were interviewed using pretested semi structured schedule. Also during the survey assessment was done on current morbidities of the study population and prescriptions, laboratory reports where ever found and was cross checked. The data was entered in Microsoft Office Excel and analyzed using appropriate statistical methods. The analyzed data was represented in appropriate tables and pie diagrams.

RESULTS:

In our study a total of 104 participants were interviewed out of which 53 were males and 51 were females. It was found that highest number of the respondents among both male (35.9%) and female (43.1%) belonged to the age group of 41- 50 years. Out of the total study participants, 60.5% males and 78.5% females were married; 73.6 % males and 82.4% females were Hindu by religion. And when interviewed for education, highest percentage of male (33.9%) and female (31.4%) have studied upto primary school. Out of male participants 11.3% were unemployed whereas among female 49% were unemployed. Among male respondents 54.8% were skilled followed by 22.6% as semiskilled by occupation. [Table 1]

On evaluating the health seeking behaviour of the participants, 88.7% males and 70.6% females have taken health care services in last 1 year and in majority the preference of treatment of both male and female participants was from government hospitals. But still 13.7% of female believed in seeking health care advices from friends and social circle. Majority of males (75.5%) and females (70.6%) considered the distance to health care centre as affordable. Only 47.2% males and 41.2% females called health care system affordable. [Table 2]

On awareness regarding various services, 88.7% males and 76.5% females knew about 108 services, 60.3% males and 31.5% females had knowledge regarding 102 counselling care services. Only 69.8% males and 62.8% females knew about Ayushman Bharat Health Insurance Schemes and around 7.5% males and 15.6 % females had no health insurance. [Table3]

Table1: Demographic Characteristics Of The Study Participants:

Demographic factors	Total Population(Male) N=53		Total Population(Female) N=51	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Age (years)				
18- 30	5	9.4	7	13.7
31- 40	16	30.2	13	25.5
41- 50	19	35.9	22	43.1
51-60	13	24.5	9	17.7
Marital status				
Married	32	60.5	40	78.5
Separated/ Divorced/ Widowed	12	22.6	6	11.7
Unmarried	9	16.9	5	9.8
Religion				
Hindu	39	73.6	42	82.4
Muslim	14	26.4	9	17.6
Education				
Illiterate	7	13.3	10	19.7
Primary School	18	33.9	16	31.4
Middle School	2	3.8	2	3.9
High School	8	15.1	6	11.8
Matriculation	10	18.9	13	25.4
Higher secondary	2	3.8	2	3.9
Graduation and above	6	11.2	2	3.9
Occupation				
Unskilled	6	11.3	7	13.7
Semiskilled	12	22.6	10	19.6
Skilled	29	54.8	9	17.7
Unemployed	6	11.3	25	49

Table 2: Health Seeking Behaviour Of Study Participants:

Variables	Male(N=53)	Percentage	Female(N=51)	Percentage
Respondents that took health care services in last 1 year				
Yes	47	88.7	36	70.6
No	6	11.3	15	29.4
Preference of treatment				
Government Hospital	30	56.7	22	43.1
Private hospitals	2	3.8	3	6.9
Self medication	6	11.3	5	9.8
Homeopathy	5	9.4	3	6.9
Ayurvedic Treatment	7	13.2	6	11.8
Chemist Shops	3	5.6	2	3.9
Home remedies	0	0	3	6.9
Others(from families, friends, relatives)	0	0	7	13.7
Satisfied with the health care service provided				
Yes	42	79.2	37	72.5
No	11	20.8	14	27.5
Affordable distance to health care center				
Yes	40	75.5	36	70.6
No	13	24.5	15	29.4

Available drugs in the health center				
Yes No	29 24	54.7 45.3	26 25	51 49
Affordable service in the health care center				
Yes No	25 28	47.2 52.8	21 30	41.2 58.8
Out of pocket expenditure of participants				
Yes No	28 25	52.8 47.2	30 21	58.8 41.2

Table 3: Utilisation Of Health Care Services By Study Participants:

Health care utilisation by study participants	Male(N=53)	Percentage	Female(N=51)	Percentage
Awareness or utilisation of free transportation services				
108 services 102 counselling care services	47 32	88.7 60.3	39 16	76.5 31.5
Availability of health insurance among study subjects				
PMJAY Atal Amrit Abhiyan health insurance ESI scheme No insurance available	37 10 2 4	69.8 18.9 3.8 7.5	32 11 0 8	62.8 21.6 0 15.6

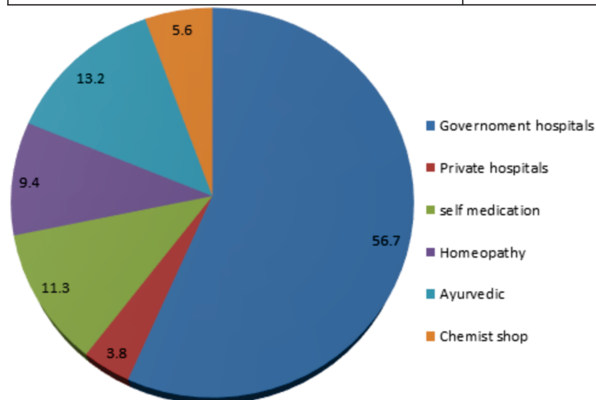

Fig 1: Preference Of Health Care Service By Male Respondents:

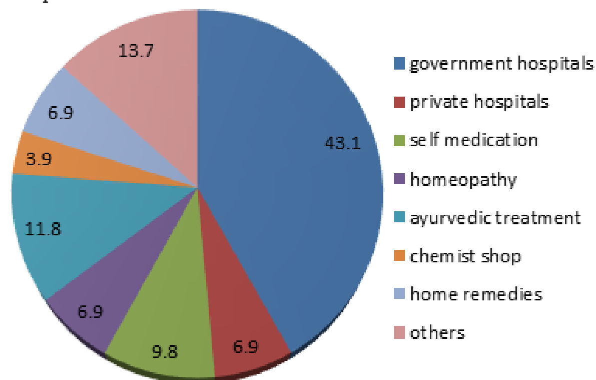

Fig 2 : Preference of health care service by female respondents:

DISCUSSION:

This study examined the health-seeking behaviour of men and women residing in urban slums of Guwahati City by exploring the factors affecting differences in their utilization. Previous findings from Das et al. International Journal for Equity in Health (2018) [10] had highlighted that gender differences manifested in men being more inclined towards formal health care, whereas women were more inclined towards alternative health care. Instead, the present analysis shows that both men and women lack awareness regarding health insurances provided for universal health coverage. Women's behaviour of mixing both formal and informal care indicates that they want to take care of their illness, but at the same time, they are keen on retaining their socio-cultural ethos, as reported in another study [11]. This health-seeking behaviour of women can be related to their lower (perceived) position in the community than men, as a result of which they have to face socio-cultural hurdles in terms of mobility, code of conduct, maintaining family prestige (by behaving well) and education. Our study reveals that women benefit more from social support initiated through social integration with informal practitioners, who are distant kin or residing within the same neighborhood. Our study reveals that men often avoid acknowledging health problems of women even when they are serious, as is found in other studies [12, 13]. Most women are forced to stick to informal care, even knowing it can be less effective as they are financially dependent on their husbands. If absolutely necessary, they try to seek formal care that is inexpensive. This finding supports other studies that have shown poor and disadvantageous women are less likely to utilize formal health care services compared to affluent women [14] because of convenience, affordability and socio-cultural compatibility. On further evaluating their knowledge about various health care services, male respondent had more knowledge regarding 108 services, 102 services compared to female respondents. Even though various insurance schemes are organized by government, few participants knew about Ayushman Bharat health insurance scheme which can totally explain their health expenditure. To conclude, it can be said that the notion of awareness may be a broader concept, which men and women residing in the slums of Guwahati City experience and negotiate in a different way when it comes to the health care usage. The policy approaches should be directed more towards effective communication, material access and awareness of social class in order to enhance users' adherence.

CONCLUSION:

The study shows poor approach of both men and women towards health seeking behavior in slums of Guwahati city. In our current study, it is found that gender along with literacy, social interaction and occupation plays an important role in health seeking behavior. Educating women by increasing their literacy would help them incline towards formal treatment instead of seeking for home remedies, health advices from social groups. Financial stability should also be considered for this reason why a lot of women prefer free of charge sources compared to men who are more inclined to

formal treatment. However, health awareness campaigns can be arranged for slum population to educate them regarding various schemes and how to utilize government health services, thus improving their health seeking behavior. Furthermore, to create a healthy nation we should focus on creating healthy people.

Conflict of Interest: Nil

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