



HEALTH SEEKING BEHAVIOUR OF WOMEN & CHILDREN LESS THAN FIVE YEARS AMONG THARU ETHNIC COMMUNITY IN TRIYUGA MUNICIPALITY, NEPAL

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ABSTRACT

Background: Under 5yrs mortality rates among male child is 30 and among female is 26 and overall infant mortality rate 24 per thousand respectively; these are the most vulnerable groups to different morbidity and mortality, and they ought to be fully dependent on parental knowledge and awareness to meet their health needs. Health seeking behavior (HSB) has become a tool for understanding the approach of people towards the health care systems in their respective socio-economic, cultural and demographic circumstances. **Methods:** A Community based descriptive study among "Tharu" ethnic women with children less than five years of age in Triyuga Municipality, Nepal. Semi-structured questionnaire was used to collect socio-demographic information, knowledge and current practice regarding health seeking behavior, including awareness and accessibility of health services. **Results:** Among 406 respondents, 388 of their children were reported ill within last 1 year, with fever accounting for 70%, followed by ARI (65%), diarrhea (6%) and others. Where 52.8% of respondents had appropriate HSB, taking their ill children to hospitals. More than 52% of respondents had hospitals as the first preference for treatment for every morbidity. Except for access to health care facility, there was no significant association of HSB was seen with parent's literacy, income, gender preference. **Conclusion:** With satisfactory awareness, literacy, and accessibility of health care centers, the HSB among Tharu women, for the children morbidity seemed to be satisfactory in comparison to national scenario and other marginalized groups.

KEYWORDS : Health seeking behavior (HSB), Marginalized Tharu Ethnic group, Children

INTRODUCTION:

The concept of studying health seeking behavior is evolving with time and it has become a tool for understanding the approach of people towards the health care systems in their respective socio-economic, cultural and demographic circumstances. The behavioral model of health services use by Anderson has given 3 main determinants: Individual factors that include demographic characteristics, social factors, mental factors in terms of health beliefs, contextual factors Enabling factors that include financial and organizational factors, and need factors i.e. how the individuals view their needs or the quality of professional assessment and objective measurements of patients' health status. (Anderson R.M. 1995)

Health seeking behaviour is defined as an action undertaken by individuals who perceive themselves as having a health problem or to be ill, for the purpose of finding an appropriate remedy (Wade et al. 2004). Annual health report of Nepal (2075/76) claims that about 73% of population of Nepal had used public health services such as health posts, sub-health posts and hospitals as out-patients. The study done on the newborns and below 5 years of age concluded that 93.1% were treated for diarrhoea in health institutes and 41% of the under 5yrs received antibiotics for pneumonia. The % of planned immunization clinics conducted is around 94%. As per the annual health report of Nepal (2075/76) the under-five mortality rate is male-30 and female-26 per 1000 and the infant mortality rate is 24 per 1000. The population of infants is most vulnerable to different types of diseases, and they ought to be fully dependent on parental knowledge and awareness for fulfilling their health needs.

As in Global report by WHO (1997), 30% people are getting health services from local health providers. Dixit (1999), referring to Shrestha R., Shrestha M., mentioned that in Nepal the existing health delivery system provides no more than (10-15) % of the population. Chalker in his work with BNMT cited by Dixit found that traditional healers are first provider of health care in the villages of Nepal. Long-standing traditional

and cultural beliefs have rendered the establishment of western medication difficult. This is more rampant in the marginalized and impoverished areas. At present, the literacy rate of Nepal is 67.9%, with males 63 % literate while females 57.4% (NDHS, 2021). In such a condition of lack of knowledge and awareness, it is doubtful if the people are assessing the health care needs as per the requirement. Kaffle and Gartaula (1993) pointed out that in developing countries, there is insufficient financial means to purchase drugs and available health services are not adequate. So, people are inclining more towards the herbal medications, ayurvedic, homeopathic methods etc. Similarly, the spiritual practitioners like dhamis/jhakris, astrologers are also commonly sought in many areas of Nepal. So, it has been felt that the approach of people towards health needs is to be assessed. Many research has been conducted by various NGO and governmental organizations regarding the health status of people. But there is always a space for lacking holistic picture of health care system including the individualistic approach to the health services, variation in the health seeking behaviour among the age groups, sex, effect of socio-economic conditions, education status and preferences to western medicine. Therefore, it seemed important to do a quantitative study about health seeking behaviour in Tharu community that explores their perception, trend of hospital visits and moreover creates an opportunity to make suggestions to facilitate them depending on the affordability and satisfaction.

Rationale:

Nepal besides being a country of vast terrain is blended with people of various caste and ethnicity. It is still marked as a developing country. According to last census held, the literacy rate marked here is 67.9% where male accounts for 78.6% while female with 59.7%. The health status of people here is pure reflection of economic status, health awareness, their literacy rate and hygiene they maintain. Scanty literature regarding precise data of health seeking behavior of different communities in different districts was found. The current study aims to find health seeking behavior, perception regarding

government health facilities and the health services provided in that area, which would help the policy makers to design appropriate intervention and changes in policies to improve overall health outcome of affected individuals.

AIMS & OBJECTIVES:

To assess the health seeking behaviour among Tharu women of Triyuga Municipality, having children less than five years of age & identify the factors associated with health seeking behavior.

METHODOLOGY:

Study design:

Community based descriptive study conducted to assess the health seeking behaviour among "Tharu" women with children less than five years of age during November-December 2016 in Triyuga Municipality, Nepal.

Sampling Method:

Randomly selected Tharu clusters in Triyuga Municipality were identified after visiting Municipality office, DDC, and consulting with local leaders took the informed permission. Jaljale, Deuri, Motigada, Jhoda, Uttari Deuri, Khaijanpur, Maina, Dhangadi etc were identified as different clusters, and visited for data collection.

Sample size:

This study was considered 95% confidence interval and 90% power to estimate the sample size. From the study of "health seeking behavior of Rajbanshi community in Baijnathpur and Kathari of Morang, Nepal" it was found that proportion of people with appropriate health seeking behaviour (adopting modern medicine) was 51.8%.

So, we take $p = 51.8\%$, Then have $q = 1 - p = 48.2\%$ and 10% of error, i.e power of 90%, $L = 10\%$ of prevalence = 5.18, and at 95% significance level, $z = 1.96$ Thus, using formula; $= z^2pq/L^2$ Taking 10% non-response rate, Final sample size = 110% of 358 = 394 However, finally collected data from 406 respondents.

Inclusion Criteria:

Women from "Tharu" community with children less than 5 years of age And those who did not give the consent or with any physical and mental conditions altering the response were excluded from the study.

Data Collection Tools and Techniques:

Data collection was carried out at Tharu clusters of Triyuga Municipality. The Tharu clusters were visited, and the houses with woman having less than five years of children were identified. The houses were then visited, and the woman interviewed face to face with the help of semi-structured questionnaire consisting of socio-demographic profile of respondents, knowledge and current practice regarding health seeking behaviour. Along with it, awareness of the available health facilities and services, the accessibility of those services, immunization status of the children, and morbidity over past 1 year was also assessed.

Data analysis:

Data was entered in Microsoft Excel 2007 and converted into SPSS (statistical package for social science) 11.5 version for statistical analysis. For descriptive statistics, percentage, mean, Standard deviation, median, inter-quartile range was calculated along with graphical and tabular presentation were made. For analytical study of association, chi-square test was used as test of significance to compare the categories.

RESULTS:

A total of 406 Tharu women having children of below 5 years age participated in our study. The range of age of women

participated was 18 - 42 years, with mean age of 27.26 ± 4.45 . All of them (100%) followed hindu religion and spoke Tharu language as their native language. Among the participants, 97.7% of them (397) were found to be married, while 7 were widowed and 2 of them were found to be separated. Among 406 participants, 86 (21%) were illiterate while 320(79%) were literate. Among the literate group 41 of them received informal education while 279 were found receiving formal education. Out of 279 respondents, most of them received secondary level education. Among the respondents, 59% of them belonged to a nuclear family, while the other 41% had a joint family. Observing the hygienic condition of the participants, most of them (69.95%) were found to have average hygienic condition. Most of the respondents, 323 out of 406, were house maker by occupation. Nearly about half of the respondents (197 of 406) lived in kachha type of house. While the other 40% of the respondents lived in semi-pukka houses, followed by about 10% living in pukka houses. Most of the houses had latrine (97.5%), among which it was sanitary in more than 80% of those houses. With reference to the standard level, i.e., 1.9\$ per person per day was calculated and 69% of them still lie below the poverty line (table no. 1).

Table no.2, a total of 436 children below 5 years age out of which 46% were female and 54% were male. Among their immunization status was also inquired about government scheduled different vaccine program, out of which 92.8% were completely immunized while the rest were partially immunized. Children greater than 6 months of age (362) out of total (387) were exclusively breast fed whereas 25 out of 387 didn't receive exclusive breast feeding. Assessing the awareness regarding the available health care facilities/ service in the area, using a multiple response query, most of them knew about the district hospital and the medical hall/ pharmacies, followed by private hospital and FCHV.

Among the total of 406 respondents, 18 of them (about 4.12%) did not have their child ill in the last one year. Among the morbid children, most of them suffered from fever, followed by ARI, diarrhea, skin infection, and others which included Jaundice, fracture, paralysis, dental caries, hernia, etc. The study assessed the preferences of the health care facilities, in terms of different morbidities. In every disease, more than 50% of them have their first preference of treatment to be either of government or private hospital. Among the respondents, 255 of them had visited the government hospital for the treatment of their children. Their perception was assessed regarding the services provided by the hospital, with respect to the waiting time for treatment, and client satisfaction. It was reported that in more than half of the cases, the waiting period was within half an hour. And regarding satisfaction, about 90% (233 out of 255) responded to be satisfied with the services provided.

Table 1: Socio-demographic characteristics of the study population

Socio-demographic Characteristics	Categories	Frequency (N=406)	Percent (%)
Marital Status	Married	397	97.7
	Widowed	7	1.7
	Separated	2	0.5
Education N=406	Illiterate	86	21 %
	Literate	320	79 %
	Informal	41	12.8
	Formal	48	15
	Primary	24	7.5
	Lower Secondary	138	43.1
	Secondary H. Sec. & Above	56 13	17.5 4.06

Family Type	Nuclear	240	59
	Joint	166	41
Smoking History	Non-Smoker	401	98.76
	Current Smoker	2	0.49
	Ex-smoker	3	0.74
Hygienic Condition	Average	284	69.95
	Good	109	26.84
	Poor	13	3.2
Respondent's Occupation	House Makers	323	79.5
	Government Officer	9	2.2
	Non-Government Officer	1	0.2
	Agriculture	47	11.57
	Business	19	4.6
	Labour	7	1.69
Husband's Occupation N=397	Government Officer	45	11.33
	Non-Government Officer	69	17.38
	Agriculture	58	14.60
	Business	33	8.31
	Labor	126	31.73
	Student	3	0.75
	Foreign Employee	63	15.86
Type of House	Kachha	197	48.52
	Semi-Pakka	168	41.5
	Pakka	41	10
Type of Toilet	Sanitary	317	80
	Non-Sanitary	79	20
Economic Status	Above Poverty Line	126	31
	Below Poverty Line	280	69

Table 2: Gender distribution, vaccination status and morbidity distribution of children

Gender distribution of the children (Age <5 yrs)	Male	235	54
	Female	201	46
Immunization status (12-59 months)	Complete	339	92.8
	Partial	26	7.2
JE Vaccination (12-59 months) N=365	Received	307	84
	Not Received	58	16
PCV Vaccination (12-23 months) N=71	PCV1	62	87.3
	PCV2	62	87.3
	PCV3	66	92.9
	IPV	68	95.7
Exclusive Breastfeeding (Age 6-59 month.) N= 387	Received	362	93.5
	Not Received	25	6.5
Morbidity distribution in Children past 1 year (Multiple Response) N=406	Diarrhea	67	16.5
	ARI	264	64.90
	Fever	283	69.72
	Skin Infections	20	5.04
	Others	25	6.19
	None	18	4.12

Table 3: Behavioral characteristics of people regarding health Facility

Variables	Category	No	Percentage (%)
Awareness of Health Care Facility/Service Availability (Multiple Response) N=406	District	388	95.5
	Private	305	75
	Medical Hall	354	87.1
	FCHV	143	35.2
Preference of Health Facility (N=388)	Hospitals	205	52.8
	Others	183	47.2

Preference of Health Facility During Emergency N=406	Government Hospital	301	74.1
	Private Hospital	92	22.66
	Traditional Others	2	0.49
Accessibility of nearest Health Facility	Less than or equals to 30 min	353	87
	More than 30 minutes	53	13
Perception of the Government Hospital	Satisfied	233	90
	Dissatisfied	22	10
Waiting time in Hospital N=255	<= 30 min	131	51.37
	31 min- <= 60 min	40	15.68
	61 min- <= 180 min	78	30.58
	> 180 min	6	2.35

Table no. 4, the association between literacy status of mother, husband's literacy, gender, family type and economic status with HSB were not found to be statistically significant. In bivariate analysis to see the relation between health seeking behavior of Tharu women, with the accessibility of health facility (see by time to reach the nearest health facility), it was found 56.2% of those with nearest health facility within 30 min walking time distance had appropriate health seeking behavior. Whereas, among those with nearest health facility at more than 30 min walking distance, only 30% had sought health care appropriately. And this difference was found to be statistically significant (p = 0.001). So, it concludes that there was significant difference in health seeking behavior among those with nearest health facility within 30 min and those with more than 30 min walking distance.

Table 4: Bivariate analysis, for association of independent variables to health seeking behavior

Variables		HSB appropriate		Total	p-value
		Yes	No		
Mother's Literacy	Illiterate	35 (43.2%)	46 (56.8%)	81 (100.0%)	0.051
	Literate	170 (55.4%)	137 (44.6%)	307 (100.0%)	
Husband's Literacy	Illiterate	17 (44.7%)	21 (55.3%)	38 (100.0%)	0.265
	Literate	185 (54.3%)	156 (45.7%)	341 (100.0%)	
Family type	Nuclear	122 (52.6%)	110 (47.4%)	232 (100.0%)	0.905
	Joint	83 (53.2%)	73 (46.8%)	156 (100.0%)	
Poverty	Below poverty line	139 (51.5%)	131 (48.5%)	270 (100.0%)	0.419
	Above poverty line	66 (55.9%)	52 (44.1%)	118 (100.0%)	
Time to reach nearest health facility	Less than 30 min	190 (56.2%)	148 (43.8%)	338 (100.0%)	0.001
	More than 30 min	15 (30.0%)	35 (70.0%)	50 (100.0%)	
Gender of child	Female	88 (50.6%)	86 (49.4%)	174 (100.0%)	0.241
	Male	117 (54.7%)	97 (45.3%)	214 (100.0%)	

DISCUSSION

This study has shown the health seeking behaviour among the tharu women having children less than 5 years of age, during illnesses in these children. Along with it, different factors that could be associated with this health seeking behaviour, were also studied. In this study, female (mother's) literacy was found to be 79%, while that of the husband (male) was found to

be 90%, which is better than the NDHS survey where female literacy is 57.4%, while male literacy is 75%. In this study showed 92.8% of the children from 12 to 59 months of age, to be fully immunized with only 7.2% partially immunized, which is comparable to the national scenario. In this study immunization with PCV1, PCV2, PCV3 and IPV in children of 12-23 months was seen to be 87.3%, 87.3%, 92.9% and 95.7% respectively. However, the annual report of 2075/2076 shows the immunization to be 88.3%, 86.1%, 81.1% and 83.5% respectively. Similarly, the coverage of Japanese Encephalitis in children from 12-59 months is our study was found to be 84%, while that from the annual report of 2075/76 is 80.8%.

Thus, the coverage of these vaccines seems to be better in the tharu community of Triyuga. This could be due to the better literacy status and awareness of these people. Our study showed appropriate health seeking behaviour, as indicated by visit to government or private hospitals during illnesses, was found to be 52.8% (205 out of 388). This was like the result shown from a study done by Nawaraj Subba in Rajbanshi ethnicity of Bajjanathpur and Katahari. In his study, 51.8% of them had appropriate health seeking behaviour.

This study could not reveal the significant association between the socio-economic status and health seeking behaviour in Tharu children with regard to the poverty line. Economic status categorized based on the per capita income per day per individual, and classified the household to be below or above poverty line. Similar was a result shown by a study done in India by (Pillai et al) from Kerala, where the reason could be families with a higher economic status might seek care less often, particularly for milder illnesses, because the family has the resources needed to obtain care later in the illness, if the illness does not resolve. We also assessed the perceived satisfaction of the respondents from the modern medication provided by the government hospital. It was assessed among those who have visited the government hospital for their children's illnesses. It was seen that 91.37% of the respondents were satisfied from the services provided. There was a similar finding of satisfaction from modern medicine in a study by Nawaraj Subba, 90.2% of the people were satisfied with the modern medication in his study.

Self-medication for the illness in children was shown to be 20.62% in our study. Whereas, in a study by Sreerama Reddy, 61.3% of the people were adopting self-medication. More over, among those adopting self-medication in our study, 97.94% of them consulted the people in the pharmacy (usually a pharmacist or a paramedic's health care present over there) before buying the medicine. However, in study by Sreerama Reddy, only about 75.41% of those adopting self-medications, did consult the pharmacist before purchasing the medication. During emergency conditions in children, perceived by the parents; about 96.7% of them would be taken to appropriate health care service provider, while the rest being taken to traditional services or medical halls. Among those having appropriate health seeking behaviour, 76.5% of them would be taking their children to government hospital, while remaining 23.5% of them would take the children to private hospitals. In a study by (Jalwa S et al 2009), it was seen that around 79% of the people would seek modern allopathic medicine in times of emergency, though at other times only 50% of them would be seeking allopathic medicine and do rely on other forms of treatment too. (Jalwa S et al 2009)

In this study, we found that 87.19% of the respondents had the health facility within 30 min of walking distance. This was similar with the study done in Ilam VDC by (Bhattarai S. et al) where, Majority (80%) of the participants could reach the health facility within 30 min. This shows similar access to the nearest health center by distance and time between these places.

This study has assessed the health seeking behaviour of most of the tharu women having children less than 5 years of age from Triyuga municipality. Most of the clusters of tharu community in the municipality have been reached. Almost all the associated factors for the health seeking behaviour in these women have been consideration and the association studied. We further assessed the morbidity pattern in these children over the past 1 year, also were able to assess the immunization status; along with that of PCV, IPV and JE status.

CONCLUSION:

The Tharu ethnic group, in Triyuga municipality, were found to be residing mostly in clusters in periphery, while in mixed population in the marker area. The literacy status among these population was 79% in females and 90% in males, which is better than the national data by NDHS. There has been a district hospital, along with numerous private hospitals in Gaighat bazaar providing various forms of services. There are various health posts and PHC, along with the medical halls, and a few private hospitals in the periphery. Tertiary care centers like BPKIHS, Dharan; Nobel Hospital, Biratnagar, and other private hospitals at Biratnagar were the referral centers for the patients, not being able to be managed. And tertiary centers would be reached by 3-4 hours in a vehicle. With a satisfactory awareness, literacy, and accessibility of the health care centers for primary, secondary or tertiary care too, the health seeking behaviour among Tharu women, for the children morbidity, along with the immunization coverage in the children seemed to be satisfactory in comparison to national scenario and other ethnic group.

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