



# HEALTH SEEKING BEHAVIOUR OF COMMUNITY IN RURAL AREAS OF UJJAIN, MADHYA PRADESH

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## **INTRODUCTION**

India is a country with rapid growth and development with its economy and infrastructure. But still 65 per cent of its population resides in rural areas and are far away from the face of development. They value their tradition, culture, and beliefs more than development. In terms of Health, they have their own definition and perception about it [1].

Health-seeking behaviour can be defined as the response of an individual or a community towards any kind of disease or ailment. According to 'Health Belief Model' there are several factors which motivate a person to (or not to) seek health care services. The health belief model relies on the 4Ps, namely perceived susceptibility, perceived severity, perceived barriers, and perceived benefits, to influence an individual's health-seeking behavior [2]. Similarly, Anderson's healthcare utilization model outlines the factors determining the use of health services. According to this model, the utilization of health services, encompassing inpatient care, physician visits, dental care, etc., is influenced by three dynamics: predisposing factors, enabling factors, and need. Predisposing factors include characteristics like race, age, and health beliefs. For example, an individual who views health services as an effective treatment for an ailment is more likely to seek care. Enabling factors may include family support, access to health insurance, and one's community. Need encompasses both perceived and actual requirements for healthcare services [3].

## **RATIONALE**

To deliver efficient healthcare services, a crucial aspect involves comprehending the nuances of perception and behavior within the demand side (the community) in response to an ailment. To minimize out-of-pocket expenses and deliver quality care with the goal of achieving 'health for all,' the government must undertake reforms in its policies and regulations related to drugs and healthcare services. This research aimed to provide stakeholders with a deeper understanding of the area and behavior, enabling them to formulate more effective policies.

## **RESEARCH QUESTIONS**

1. What was the treatment seeking behaviour of rural community with special focus on infectious diseases?
2. What was the type of treatment the community used to take and at what cost?

## **RESEARCH OBJECTIVES**

1. To assess the differences in health-seeking behavior based on the gender and age groups of individuals.
2. To identify the factors that influence the selection of a specific healthcare provider, facility, or service.
3. To estimate the out-of-pocket expenses incurred on health by the chosen households during the study duration.
4. To quantify the amount of prescribed antibiotics by healthcare providers for the selected cohort throughout the study period.

## **RESEARCH METHODOLOGY**

This was an exploratory and descriptive follow up study. A broader study focusing on water pollutants and antibiotic resistance in rural India—Intervention to Improve Antibiotics Resistance Management (APRIAM). The designated study took place within the rural Demographic Surveillance Site (DSS) of R D Gardi Medical College (RDGMC), Ujjain, which serves 60 adjacent villages across three development blocks. Specifically, four villages (from the total of 60) were deliberately chosen within a 5 km radius of a village with a notably high concentration of healthcare providers. The entire research was conducted in and around the rural households of these four selected villages, with two villages situated in each of the three community development blocks within the DSS of RDGMC.

## **RESULTS & DISCUSSION**

The study was done in four villages of Ujjain district. The villages have tribal communities and most of them were dependant on agriculture for a livelihood. Socio-economic standards and the level of education was poor. There was proper road connectivity to the villages from the nearby townships which have public medical facilities i.e. PHC, CHC etc and also have private clinics, most of them operated by informal providers. During the field visits and data collection many aspects of HSB of rural community were revealed. If we see the Health Belief Model, it defines the factors which motivate a person to (or not to) seek health care services. The 4 Ps of health belief model which determine the health seeking behaviour of a person were perceived susceptibility, perceived severity, perceived barriers, and perceived benefits.

It was seen that 70 percent of the treatment was taken from private informal providers. The perceived benefits were easy accessibility, time saving, economic treatment, quick relief from the ailment (because of high use of antibiotics and injections) and other facilities provided by the private providers like payment in instalment, credit facility which the farmers pays once a year and home visits on calls in case of emergency or night time etc are the factors or perceived benefits which compeled the rural folk to prefer treatment from private practitioner.

## **CONCLUSION**

The long prevailing gaps laid by the public health care providers by long waiting time, ill behaviour, unavailability of doctors, slow and casual response etc has caused a long-lasting impact affecting the perception and attitude of common people towards government facilities and has offered opportunities to the informal provider's market. This perception could be and needs to be changed by consistent and affordable service by the public facilities. The community health works are the face of public health services. There is a need to strengthen their skills to guide and motivate the community to avail the services from skilled medical practitioner free of cost. The problem of accessibility can

be solved by Mobile Medicals Units.

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