Health care seeking behaviour among rural women in Telangana: A cross sectional study

P. Mani C. Reddy¹, T. Rineetha¹, Sreeharshika D², Kishore Y. Jothula³

¹Department of Community Medicine, Kamineni Institute of Medical Sciences, Narketpally, ²Department of Forensic Medicine, ESIC Medical College, Sanath Nagar, Hyderabad, ³Department of Community and Family Medicine, All India Institute of Medical Sciences, Bibinagar, Yadadri Bhuvanagiri District, Telangana, India

ABSTRACT

Background: The health of women is of particular concern because, in many societies, they are disadvantaged by discrimination rooted in sociocultural factors. Health seeking behavior is one of the important determinants of women health. Objectives: To assess healthcare seeking behavior among rural women in Telangana. Methods: Cross‑sectional study with sample size of 200 was conducted in three villages attached to a medical college. Women of aged 20 years and above were included in the study. Data was collected by predesigned pretested semi‑structured questionnaire. Data was presented in proportions with confidence interval and Chi‑square test was applied to find the association between variables by using SPSS ver. 23. Results: Only 34.5% [95% CI: 27.9, 41.5] of the subjects seek medical care as soon as symptoms appear and 69% [95% CI: 62.1, 75.3] of the participants were aware of nearby functioning health centres. Majority (60.5%) of the subjects Visits qualified medical practitioner during illness. Conclusions: The present study found that there is still a need to create awareness about the importance of healthcare and available health centers as significant proportion of women population approached unqualified medical practitioners and seeking home remedies as first consultancy source for their health remedies.

Keywords: Behavior, healthcare, medical practitioner, women

Introduction

Healthcare seeking behavior has been 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.” It is very essential to identify and understand health seeking behavior in order to provide basic healthcare services and develop strategies for improving utilization of health services by the community particularly women. The health of women is of particular concern because, in many societies, they are disadvantaged by discrimination rooted in sociocultural factors. Some of the sociocultural factors that prevent women to benefit from quality health services and attaining the best possible level of health include unequal power relationships between men and women, social norms that decrease education and paid employment opportunities, an exclusive focus on women’s reproductive roles and potential or actual experience of physical, sexual, and emotional violence.

Women’s health in India has assumed importance particularly after the International Conference on Population and Development held at Cairo, Egypt in September 1994 and the fourth World Conference on Women, held in Beijing in September 1995. Both these conferences placed immense importance on women’s health, empowerment, and reproductive rights. Women need...
to breach many social barriers to empower and to get access for quality healthcare services in our country. Women should be educated regarding common health issues encountered and should improve the access to healthcare services by not only establishing health centers but also sensitize them to identify health related felt needs and improving health seeking behavior. Health seeking behavior is one of the important determinants of women health and will be influenced by the individual knowledge, disease perception, sociodemographic factors, and the availability and accessibility of health services. Depending on these determinants and their interactions, healthcare seeking behavior is a complex outcome of many factors operating at individual, family, and community level. [4]

Under primary healthcare approach, promotive, preventive, and curative services were provided by health team which also includes field level health workers like auxiliary nurse midwife (ANM), Anganwadi worker, Accredited social health activist (ASHA) to all the rural women during different phases of life with much attention towards improving health seeking behavior. The rationale of this study is to assess the health seeking behavior of women which helps to evaluate the quality of services provided by healthcare team at ground level and emphasize the need to address the barriers and take necessary measures for improving health seeking behavior of rural women. Not much literature is available on this aspect and hence this study was undertaken to assess healthcare seeking behavior among rural women in Telangana state.

**Subjects and Methods**

**Study design, setting, and subjects**

The study was a descriptive, community-based cross-sectional study conducted from 1st June 2019–31st August 2019 in three randomly selected villages out of 11 villages attached to a medical college in Nalgonda district of Telangana state. Study participants were women aged 20 years and above. Ill and moribund patients, participants of pilot study and women who were not willing to participate in the study were excluded.

**Sample size and sampling technique**

Sample size was estimated using formula of \( n = 4 pq/d^2 \) where \( P = 72.6\% \) [3] \( (P \) was taken from findings of previous study), \( q = 27.4\) precision \( (d) = 7.26 \) (10% of \( P \)). The calculated \( n = 150.9\). Taking non-response rate as 10%, total will be 165.9 which is rounded off to 200 and hence final sample size was 200. Based on proportionate sampling method, it was decided to collect data of 89 subjects from Cherlapally village, 60 subjects from Marrigudem village, 51 from Anaparthi village. Houses were selected by systematic random sampling method. After visiting the selected house, younger eligible subject among the available was included in the study.

**Study tool and data collection**

Pre-designed and pretested semi-structured questionnaire was used as a study tool and pilot study was conducted on 50 rural women initially and questionnaire was translated into local language as a part of standardization of the questionnaire. The questionnaire consists of sociodemographic variables such as age, religion, education, occupation, socioeconomic status, and marital status. It also consists of questions regarding healthcare seeking behavior and preference of health care centers. Data was collected by face-to-face interview method.

**Ethical considerations**

The study participants were briefed about the purpose and nature of the study, and informed consent was obtained before data collection. Study was approved by Institutional ethics committee on 25.04.2019.

**Statistical analysis**

Data were analyzed using IBM SPSS Statistics for Windows Version 23.0. Data was expressed in proportions with confidence interval (95% CI) and mean with standard deviation (SD), respectively. Pearson's Chi-square test was applied as test of significance for assessing association between marital Status and education status with health care seeking behavior. \( P < 0.05 \) was considered as statistically significant.

**Results**

The mean age of study participants was 39.2 years (SD ± 12.3). Majority of participants were of age group 20–30 years (30.5%), Hindu (69%), literates (51.5%), unemployed (64.5%), middle class (38.5%), and married women (58%). [Table 1].

The study showed that 42% [95% CI: 35.1, 49.2] out of 200 participants required permission from any of the family members to access healthcare services. Only 34.5% [95% CI: 27.9, 41.5] of the subjects seek medical care as soon as symptoms appear and 69% [95% CI: 62.1, 75.3] of the participants were aware of nearby functioning health centers [Table 2].

Majority (60.5%) of the subjects visits qualified medical practitioner during illness followed by visiting RMP (19.5%) and following home remedies (15.5%) [Table 3].

The present study found statistically significant association between marital Status (\( P = 0.04 \)) and education status (\( P = 0.01 \)) with health care seeking behavior. [Table 4].

**Discussion**

In the present study, 200 rural women were included with the mean age of 39.2 ± 12.3. The present study found that 35% of the women have inhibitions in discussing their health issues with family members and 42% of the subjects required permission from any of the family members to access healthcare services. These findings reflect the hurdles to overcome among the women in order to seek healthcare services. In a study conducted by Khan A, et al., in Pakistan, it was observed that 29% of the women...
Reddy, et al.: Healthcare seeking behavior among rural women

| Age group   | Frequency (%) |
|-------------|---------------|
| 20-30       | 61 (30.5)     |
| 30-40       | 49 (24.5)     |
| 40-50       | 45 (22.5)     |
| 50-60       | 35 (17.5)     |
| 60-70       | 10 (5)        |

| Religion     | Frequency (%) |
|--------------|---------------|
| Hindu        | 138 (69)      |
| Muslim       | 45 (22.5)     |
| Christian    | 17 (8.5)      |

| Education    | Frequency (%) |
|--------------|---------------|
| Illiterate   | 97 (48.5)     |
| Literate     | 103 (51.5)    |

| Occupation   | Frequency (%) |
|--------------|---------------|
| Working      | 71 (35.5)     |
| Not working  | 129 (64.5)    |

| Socioeconomic status | Frequency (%) |
|----------------------|---------------|
| Upper class          | 13 (6.5)      |
| Upper middle class   | 35 (17.5)     |
| Middle class         | 77 (38.5)     |
| Lower middle class   | 59 (29.5)     |
| Lower class          | 16 (8)        |

| Marital status | Frequency (%) |
|----------------|---------------|
| Married        | 116 (58)      |
| Unmarried      | 62 (31)       |
| Widow          | 22 (11)       |

| Health care seeking behaviour | No. of subjects answered Yes (%) | 95% CI |
|-------------------------------|----------------------------------|-------|
| Do you have inhibitions in discussing your health issues with family members | 70 (35) | 28.4, 42 |
| Do you require permission from any of the family members to access health care services | 84 (42) | 35.1, 49.2 |
| Can you make own decisions regarding health care | 131 (65.5) | 58.5, 72.1 |
| Do you seek medical care as soon as symptoms appear | 69 (34.5) | 27.9, 41.5 |
| Treating doctor will be chosen based on consultation fees | 123 (61.5) | 54.4, 68.3 |
| Distance from your place will decide the health centre to be visited | 61 (30.5) | 24.2, 37.4 |
| Are you aware of nearby functioning health centres | 138 (69) | 62.1, 75.3 |

It was observed in the present study that 34.5% of subjects seek medical care as soon as symptoms appear where as in the study conducted by Khajeh A, et al., in Iran found that 13.5% of the study subjects visited health centers when they had mild symptoms. Older females were 0.41 times more likely to go for treatment in contrast to males according to the findings of Srivastava S et al. study. This emphasizes the need to sensitize the women regarding her health and provide them essential health education. The current study also observed that 61.5% of the study participants opted treating doctor based on his consultation fees whereas Omotoso et al., in their study conducted in Nigeria observed that 32.9% of rural dwellers claimed that they patronized a particular medical establishment because they could afford the medical charge. Distance from home is the deciding factor to opt a particular health center among 30.5% of rural women in the present study which is similar to the findings of Chauhan RC, et al., study conducted in Tamil Nadu where most (31.12%) common reason for visiting particular health facility was easy accessibility. Omotoso et al., reported that 24.3% subjects indicated that visiting a particular center was due to the closeness of such medical establishment. Chandana KR et al. study conducted on tribal women of Telangana state found an association between preference choices of health service with the distance from home to health facilities and in another study conducted by Nakovics MI, et al., in rural Malawi, it was observed that increasing distance to the health facility significantly decreased the likelihood of utilizing formal care. These observations indicate the need to improve the accessibility to essential health services in rural areas. Though majority (69%) of the study participants in the current study were aware of nearby functioning health centers, it is not an encouraging finding this, it is essential to take necessary measures in order to identify the felt needs of the rural women and sensitization them regarding the available health centers.

Utilization of health services is as important as availability of health services in order to step forward to achieve sustainable development goals. The current study observed that 60.5% of the participants preferred qualified medical practitioner for getting treatment during illness and 3.5% subjects approach...
of the literates were aware of available health centers when compared to illiterates and this association was found to be statistically significant ($P = 0.01$). Ravi RP et al. study conducted in Tamil Nadu found positive relationship between women education and treatment seeking behavior.[26] Barman B et al. study in India observed that women’s education was positively and significantly associated with utilization of maternal and child health services.[27]

### Relevance to the practice of primary care physicians

Health of the women in all stages of life must be given utmost importance because it is one of the determinants of child’s health and family health. However, it is often neglected because many social factors. Though government had introduced many schemes and programmes, still significant number of women couldn’t utilize those services. Reducing the maternal mortality ratio, neonatal mortality, Under-5 mortality rates and ensuring universal access to sexual and reproductive healthcare services are the targets of Sustainable Development Goals (SDGs), which can be achieved by delivering services through primary health care system and improving health care seeking behavior of women.[28] Primary care physicians play a key role in sensitizing and improving health care seeking behavior. The current study may be useful for primary care physicians as it highlights the healthcare practices and extent of health care seeking behavior of women. The present study may also be useful in identifying determinants of healthcare seeking behavior of women and planning appropriate interventions to breach the barriers and for promoting women’s health in the community.

### Conclusion

Nearly half of the women require permission of family members to access health services and only one-third of the subjects seek medical care as soon as symptoms appear and aware of nearby health centers. The present study found that there is a need to create awareness about the importance of health care and available health centers as significant proportion of women population approached unqualified medical practitioners and seeking home remedies as first consultancy source for their health. This study strongly emphasizes that healthcare seeking behavior of rural women depends on socioeconomic conditions

---

**Table 3: Distribution of study subjects according to first preferred health care practices during illness ($n=200$)**

| Health care practice during illness         | Frequency (%) |
|--------------------------------------------|---------------|
| Visits qualified medical practitioner      | 121 (60.5)    |
| Visits RMP                                 | 39 (19.5)     |
| Home remedies                              | 31 (15.5)     |
| Spiritual healers                          | 7 (3.5)       |
| Over the counter medication                | 2 (1)         |

**Table 4: Association between marital Status and education status with health care seeking behavior ($n=200$)**

| Marital status | Own decision making | No (%) | Total (%) | Chi square | P |
|----------------|---------------------|--------|-----------|------------|---|
| Married        | 83 (71.6)           | 33 (28.4) | 116 (100) | 0.04       |   |
| Unmarried      | 33 (53.2)           | 29 (46.8) | 62 (100)  |            |   |
| Widow          | 15 (68.2)           | 7 (31.8) | 22 (100)  |            |   |
| Total          | 131 (65.5)          | 69 (34.5) | 200 (100) |            |   |

| Education status | Knowledge about available health centres | Total (%) | Chi square | P |
|------------------|----------------------------------------|-----------|------------|---|
| Literate         | 83 (80.6)                             | 20 (19.4) | 103 (100)  | 0.01       |   |
| Illiterate       | 55 (56.7)                             | 42 (43.3) | 97 (100)   |            |   |
| Total            | 138 (69)                              | 62 (31)   | 200 (100)  |            |   |
and geographical factors as their decision of choice of doctor depended on consultation fee and location of health care service rather than on the qualification of health care professionals and quality of service provided. Ignorance of Women about health issues, social stigma, socioeconomic conditions, communication barriers in family and availability of necessary health care played a major role in inappropriate health care seeking behavior among rural women. An integrated and structural approach is strongly suggested to create awareness about commonly encountered health issues and improve health seeking behavior among rural women.

**Strengths and limitations**

Exploring the health seeking behavior of rural women and its determinants which is very essential in identifying the barriers and thus improving women health is the strength of the current study. However, few limitations could not be avoided, particularly restricting to only 3 villages with relatively small sample size which limits the generalization of the results.

**Declaration of patient consent**

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

**Financial support and sponsorship**

Funded by Indian Council of Medical Research (ICMR) for this STS project.

**Conflicts of interest**

There are no conflicts of interest.

**References**

1. Latunji OO, Akinyemi OO. Factors influencing health-seeking behaviour among civil servants in Ibadan, Nigeria. Ann Ib Postgrad Med 2018;16:52-60.
2. World Health Organisation. Health topics: Women’s health. Available from: https://www.who.int/topics/womens_health/en/. [Last accessed on 2019 Aug 12].
3. Daisy S. A study on health status and health seeking behaviour of rural women in Coimbatore. Int J Educ Res 2016;2:1-2.
4. Habtu Y, Yohannes S, Laelago T. Health seeking behavior and its determinants for cervical cancer among women of childbearing age in Hossana Town, Hadiya zone, Southern Ethiopia: Community based cross sectional study. BMC Cancer 2018;18:298.
5. Paul RAV, Kalidas P, Sujatha K, Senthilkumar SK, Sreesupria A. A study on health seeking behaviour among married reproductive age group women in a rural area. IOSR JDNS 2017;16:811.
6. Khan A, Shaikh BT, Baig MA. Knowledge, awareness, and health-seeking behaviour regarding tuberculosis in a rural district of Khyber Pakhtunkhwa, Pakistan. Biomed Res Int 2020;1:6.
7. Gopalakrishnan S, Eashwar VMA, Muthulakshmi M. Health-seeking behaviour among antenatal and postnatal rural women in Kancheepuram district of Tamil Nadu: A cross- sectional study. J Family Med Prim Care 2019;8:1035-42.
8. Lassi ZS, Middleton P, Bhutta ZA, Crowther C. Health care seeking for maternal and newborn illnesses in low and middle-income countries: A systematic review of observational and qualitative studies. F1000Res 2019;8:200.
9. Sikder SS, Labrique AB, Ullah B, Ali H, Rashid M, Mehrsa S, et al. Accounts of severe acute obstetric complications in rural Bangladesh. BMC Pregnancy ChildB 2011;11:76.
10. Mainuddin AKM, Begum HA, Rawal LB, Islam A, Islam SM. Women empowerment and Its relation with health seeking behaviour in Bangladesh. J Family Reprod Health 2015;9:65-73.
11. Khajeh A, Molavi H, Salehi A, Rahmani N, Delavari S. Health care seeking behavior and its relating factors in South of Iran. J Edu Health Promot 2019;8:183.
12. Srivastava S, Gill A. Untreated morbidity and treatment-seeking behaviour among the elderly in India: Analysis based on National sample survey 2004 and 2014. SSM Popul Health 2020;10:19.
13. Omotoso, Oluwatuyi. Health seeking behaviour amongst the Rural Dwellers in Ekiti State, Nigeria. Afr Rev Res 2010;4:125-38.
14. Chauhan RC, Kandan M, Purty AJ, Samuel A, Singh Z. Determinants of health care seeking behavior among rural population of a coastal area in South India. Int J Sci Rep 2015;1:118-22.
15. Chandana KR, Kumar R. Health status of tribal women of Bhadradi Kothagudem district in Telangana state. Int J Health Sci Res 2020;10:53-62.
16. Nakovics ML, Brenner S, Bongololo G, Chinkhumba J, Kalmus O, Leppert G, et al. Determinants of healthcare seeking and out-of-pocket expenditures in a "free" healthcare system: Evidence from rural Malawi. Health Econ Rev 2020;10:1-12.
17. Awasthi S, Srivastava NM, Agarwal GG, Pant S, Ahluwalia TP. Effect of behavior change communication on qualified medical care-seeking for sick neonates among urban poor in Lucknow, Northern India: A before and after intervention study. Trop Med Int Health 2009;14:1199-209.
18. Khan MS, Ani JF, Rani B, Apon SJ, Rashid F, Yead TI, et al. Healthcare-seeking behavior for infectious diseases in a community in Bangladesh. Int J Adv Med Health Res 2018;5:52-6.
19. Vijayalakshmi S, Prabakaran M, Suganthi S, Ragaswamy S, Rajkumar S. A study of health seeking behaviour among gender in rural Puducherry. Indian J Rural Med 2013;12:255-9.
20. Hoeven MVD, Kruger A, Greeff M. Differences in health care seeking behavior between rural and urban communities in South Africa. Int J Equity Health 2012;11:31.
21. Nusrat K, Khan MR, Waseem Z, Siddiqui OM, Mahmood S, Hassan SZ, et al. Neonatal danger signs and healthcare seeking behaviours: A cross-sectional study in Karachi amongst pregnant females. J Pak Med Assoc 2020;70:74-9.
22. Shrestha MV, Paudel L, Pant S, Neupane S, Manandhar N. Health seeking behavior among women in Bhimtar,
Sindhupalchowk district of Nepal. Int J Community Med Public Health 2017;4:1854-7.

23. Kanungo S, Bhowmik K, Mahapatra T, Mahapatra S, Bhadra UK, Sarkar K. Perceived morbidity, healthcare-seeking behaviour and their determinants in a poor resource setting: Observation from India. PLoS One 2015;10:1-21.

24. Koenig MA, Jamil K, Streatfield PK, Saha T, Al-Sabir A, El Arifeen S, et al. Maternal health and care-seeking behavior in Bangladesh: Findings from a national survey. Int Fam Plan Perspect 2007;33:75-82.

25. Adam VY, Aigbokhaode AQ. Sociodemographic factors associated with the healthcare-seeking behavior of heads of households in a rural community in Southern Nigeria. Sahel Med J 2018;21:31-6.

26. Ravi RP, Kulasekaran RA. Care seeking behaviour and barriers to accessing services for sexual health problems among women in Rural Areas of Tamil Nadu State in India. J Sex Transm Dis 2014;1:1-8.

27. Barman B, Saha J, Chouhan P. Impact of education on the utilization of maternal health care services: An investigation from National family health survey (2015–16) in India. Child Youth Serv Rev 2020;108:1-6.

28. Park K. Park’s Textbook of Preventive and Social Medicine. 25th ed. Jabalpur: M/S Banarsidas Bhanot Publishers; 2019. p. 523-9.