ORIGINAL ARTICLE

Health-Seeking Behaviour and its Determinants Among Adult Population: A Comparative Study Between Urban and Rural area of Western Uttar Pradesh

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ABSTRACT

Background: Health-seeking behaviour is any remedial action adopted by an individual for his/her health issue. It is essential to know health seeking behaviour of a community and the factors affecting it in order to provide the needed health care services. **Aim & Objective:** To assess health-seeking behaviour and factors affecting it among adults in rural and urban areas of Meerut. To estimate their awareness about health insurance policies. **Settings and Design:** A cross-sectional study was conducted in rural and urban adult population of Meerut, Uttar Pradesh from 1st July to 30th September, 2023. **Methods and Material:** A sample size of 200 each from rural and urban areas was estimated. Selection of study participants was done by multistage sampling. A pre-designed, pre-tested and semi-structured schedule was used for data collection. **Statistical analysis used:** Statistical analysis was performed with Epi Info. **Results:** Out of 400 study subjects, positive health-seeking behaviour was shown by 91% in urban area and 60% in rural area. Majority of them preferred public health facilities in both the areas. Convenience of approach was major factor affecting health-seeking behaviour in rural, while it was low cost of treatment in urban. Most of rural adults were unaware of health insurance policies, while around half of urban adults were aware of it. **Conclusions:** Urban adults have better positive health seeking behaviour and awareness on health insurance policies compared to rural adults.

KEYWORDS

Health-Seeking Behaviour; Adult; Urban; Rural

INTRODUCTION

Any kind of remedial action adopted by an individual for his/her health issue or illness is referred to as health-seeking behaviour.(1,2) It is determined by a variety of factors and is a concept that can change over time. Universal health coverage still remain an elusive goal, with out-of-pocket expenditure being responsible for most part of healthcare expenses. The urban-rural differentials with respect to the health infrastructure distribution are very much skewed in our country with 80% of health infrastructure being in urban India.(3) According to the National Health Accounts Estimates 2019-20, household out-of-pocket expenditure on healthcare is estimated to be more than 3.4 lakh crore rupees, which is 47.07% of the estimated Total Health Expenditure of India.(4)

In order to tackle this issue, we have to lay out a need based approach to health care services in the community along with increasing awareness about various health insurance schemes like Ayushman Bharat. There is scarcity of data in comparison of health-seeking behaviour in urban and rural Western Uttar Pradesh. It is essential to outline the perceptions, attitudes and expectations of the community, then implement further activities accordingly. Proper understanding of health seeking behaviour could reduce delay to diagnosis,

improve treatment compliance and improve health promotion strategies.(5)

Aim & Objective(s)

- To assess health-seeking behaviour and factors affecting it among adults in rural and urban areas of Meerut.
- To estimate their awareness about health insurance policies.

MATERIAL & METHODS

A cross-sectional study was conducted in rural and urban areas of Meerut district in Western Uttar Pradesh among adult population over a period of 5 months, i.e, 1st July 2023 to 31st November 2023. All adults (aged more than 18 years) residing for at least 1 year in Meerut district and are willing to participate were included in the survey. Migrants and those who were not willing for participation were excluded.

Sample size required for the study was estimated by the formula:

$\mathbf{n = Z_{(1-\alpha/2)}^2 \times p \times q / d^2}$, where

n = sample size

$\mathbf{Z_{(1-\alpha/2)}}$ = value of normal deviate at 95% confidence interval

p = anticipated value of proportion in the population

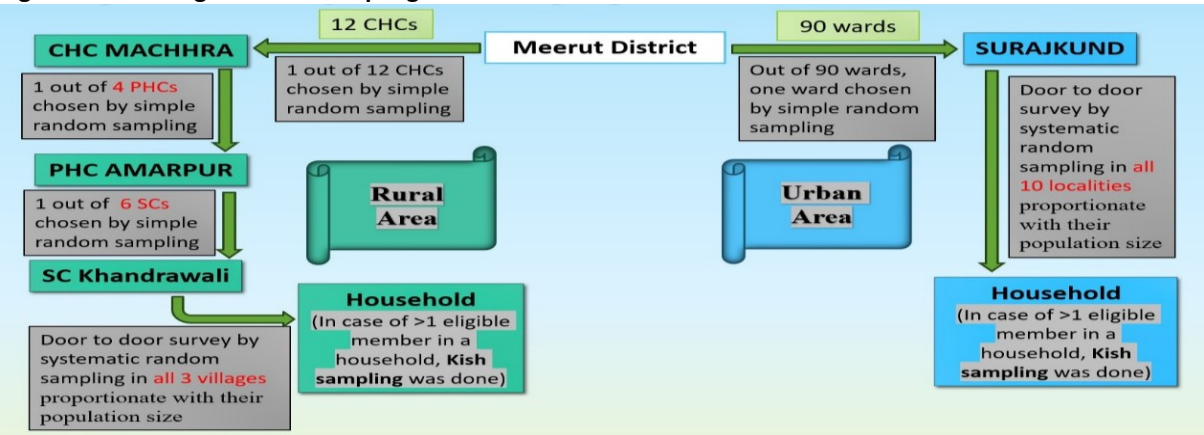
q = (100- p)

d = relative precision

Considering p as 89.7% (study by Yadav, R et al), with 5% relative precision, sample size was calculated to be 176.4 for rural area, which was rounded off to 200. Equal number of study participants were selected from urban area as well and the total sample size came to be 400.

For the selection of study participants, multistage random sampling method was used (Figure 1). Meerut Municipal Corporation consists of 90 wards and Meerut district has 12 CHCs under it.

Figure 1: Multistage random sampling in urban and rural Meerut



In both rural and urban area sampling, only one study participant was selected from one household and sample selection was done proportionate to the population size.

Institutional Ethics Committee permission for the study was obtained before the commencement of the study (No./SC-1/2023/7850).

A pilot study was done on 40 study participants (20 each from urban and rural areas) and the schedule was modified accordingly. Data collection was done by a pre-designed, pre-tested and semi-structured schedule through door to door survey and the study participants were interviewed after obtaining their written informed consent. Privacy and confidentiality of the study subjects were maintained.

Operational definitions used in the study are:

Positive health-seeking behaviour**:** Seeking healthcare from any healthcare facility in the presence of an illness. Data was collected assessing the behaviour during their last illness.

Negative health-seeking behaviour: Not seeking healthcare from any healthcare facility in the presence of an illness. Data was collected assessing the behaviour during their last illness.

Major illness: Illness that disrupts a person's normal daily functioning and lasts for > 5 days.

Minor illness: Illness that doesn't affect a person's normal daily functioning much and lasts for <5 days.

Statistical analysis:

The final data was entered into MS excel and statistical analysis was performed with Epi Info™ (ver. 7.2.5.0). Categorical variables were described as frequency and percentages. Pearson Chi-square (χ^2) test was used to find the association. P value < 0.05 was considered significant statistically.

RESULTS

A total of 400 study subjects were selected for the study, 200 each from the rural area and the urban area of Meerut district.

Table 1 shows socio-demographic profile of study subjects. Majority of them belonged to the age group 41-60 years.

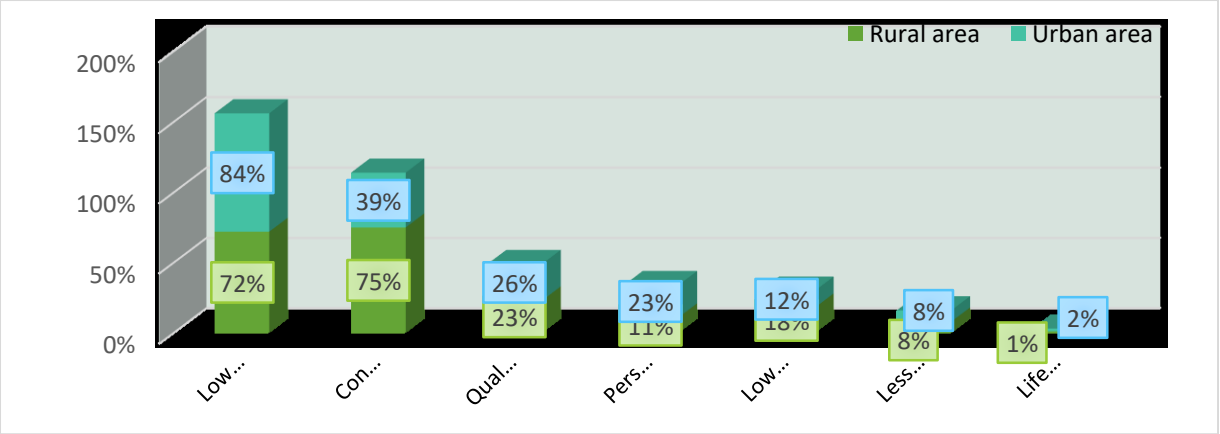
Table 1 Socio-demographic profile of study participants (n=400)

Characteristics		Rural area (n=200)	Urban area (n=200)
Age group (in years)	18-30	50(25%)	32(16%)
	31-40	50(25%)	50(25%)
	41-60	68(34%)	86(43%)
	>60	32(16%)	32(16%)
Gender	Male	94(47%)	70(35%)
	Female	106(53%)	130(65%)
Education level	Illiterate	64(32%)	16(8%)
	Primary school	70(35%)	38(19%)
	Middle school	28(14%)	62(31%)
	High school	26(13%)	38(19%)
	Intermediate/ Post high school	4(2%)	20(10%)
	Graduate and above	8(4%)	26(13%)
Occupation	Unemployed	102(51%)	70(35%)
	Employed	98(49%)	130(65%)
Type of family	Nuclear	88(44%)	128(64%)
	Joint	112(56%)	72(36%)
Socio-economic Status (According to Modified B.G. Prasad Classification)	Upper class	2(1%)	22(11%)
	Upper Middle class	20(10%)	58(29%)
	Middle class	20(10%)	72(36%)
	Lower Middle class	50(25%)	42(21%)
	Lower class	108(54%)	6(3%)

Positive health seeking behaviour was shown by 91% of study participants in urban area, while it was only 60% in rural area.

Factors affecting positive health seeking behaviour were studied among the study population. Low treatment cost, convenience for approach, quality of the services provided and personal attention were the main factors. Figure 2 describes the urban-rural differences in factors that affected positive health seeking behaviour.

Figure 2: Factors affecting Positive Health seeking behaviour (n=400)*



**multiple responses*

Main reason for negative health-seeking behaviour in both rural area and urban area was that they did not consider the illness serious. This reason was mentioned by 88.89% subjects of urban area and 72.5% subjects of rural area who showed negative health seeking behaviour. Financial problem was the reason listed by 11.11% in urban and 17.5% in rural area. 10% study participants in rural area had negative health seeking behaviour due to the absence of a medical facility nearby.

Morbidity profile in the urban area showed 50% gastrointestinal diseases followed by

musculoskeletal diseases and respiratory diseases 32% each and 28% fever. In the rural area, majority of the participants had fever (48%) followed by musculoskeletal diseases (36%), gastrointestinal diseases (34%) and respiratory diseases (28%). 17% of urban population had hypertension, while it was only 4% in rural population. 13% participants in urban area had diabetes mellitus, while only 2% had it in rural.

Preferred system of medicine was allopathy (91%) among urban study participants followed by ayurveda (8%) and then, by homeopathy (1%). In case of rural study participants also, allopathy (87%) was the most preferred system of medicine followed by ayurveda (11%) and homeopathy (2%). Preference of utilising health facilities among the study subjects are described in table 2. Government hospitals are preferred by urban and rural population both in minor and major illnesses. 16% of rural subjects prefer to consult unregistered medical practitioners for minor illness. 11% of the study population utilise over the counter drugs for minor illness in rural area.

Table 2 Preference of utilising Health Facility according to illness (n=400)

Health facility	Minor illness		Major illness	
	Rural area (n=200)	Urban area (n=200)	Rural area (n=200)	Urban area (n=200)
Government hospitals	136 (68%)	172 (86%)	178 (89%)	146 (73%)
Private practitioners	10 (5%)	14 (7%)	20 (10%)	54 (27%)
Over the counter (pharmacy)	22 (11%)	14 (7%)	2 (1%)	0 (0%)
Unregistered medical practitioner	32 (**16%**)	0 (**0%**)	0 (**0%**)	0 (**0%**)

Awareness about health insurance schemes and coverage among study participants are described in table 3. Majority of the study population is unaware of the various insurance policies available to them.

Table 3: Awareness about health insurance schemes and coverage among study participants (n=400)

	Rural area(n=200)	Urban area(n=200)	Rao-Scott corrected P value
Awareness (n=400)			
Yes	38 (19%)	94 (47%)	0.00
No	162 (81%)	106 (53%)	
Subscription among the aware (n=132)			
Yes	22 (57.9%)	36 (38.3%)	0.04
No	16 (42.1%)	58 (61.7%)	
Type of health insurance (n=58)			
Government	22 (100%)	24 (66.7%)	-
Private	0 (0%)	12 (33.3%)	

P value < 0.05 was considered significant

DISCUSSION

The importance of achieving highest attainable standards of health by everyone has been recognised at a global level. By 2030, the sustainable development goal targets to achieve complete universal health coverage with access to healthcare, zero out of pocket expenditure and good quality healthcare services. This can be made a reality only by active participation from the government and community. Health-seeking behaviour of community and how it is being affected by various factors are the cornerstones in the receiving end of healthcare services.

Positive health seeking behaviour was shown by 91% of the urban study participants in the present study. It was 60% among the rural population. A study by Yadav R et al(3) in rural Gorakhpur (Uttar Pradesh) conducted during November 2019 to February 2021 showed that 89.7% of rural population showed positive health-seeking behaviour.

Major factors affecting positive health-seeking behaviour were found to be convenience of approach, low cost of treatment and quality of services in rural area in our study. Similar findings were shown by Kumar H et al(2) in their study in rural Karnataka carried out from October 2017 to July 2018. According to a study by Banu N et al(6) in urban Chennai during October 2017 to October 2019, main factors affecting positive health seeking behaviour were trust over the provider of facilities, near to home, good quality treatment and affordability. In the present study, positive health seeking behaviour in urban area was affected by factors like low cost of treatment, convenience of approach and quality of services.

Main reasons for not seeking cure were illness was not considered serious (48%) followed by financial restrictions (36%) in the study by Yadav R et al(3). Illness not considered serious (72.5%) was the main

reason for not seeking treatment in rural area, followed by financial constraints (17.5%) in the current study. Similar trend was shown in urban area too.

Morbidity profile in the urban area showed a prominence of gastrointestinal diseases (50%) followed by musculoskeletal diseases and respiratory diseases 32% each in our study. Study subjects in the study by Banu N et al(6) were mainly suffering from communicable diseases like ARI (49%), fever (38%) and diarrhoea (13%). In the rural area, majority of the participants had fever (48%) followed by musculoskeletal diseases (36%) in the current study. The study by Kumar H et al(2) found that the main cause (87.87%) of morbidity among the study subjects was febrile illnesses, then by chronic cough (22.17%) and then gastro-intestinal problems (21.82%). Our study unveils the fact that hypertension is more reported in urban population (17%) than in in rural population (4%). Likewise, 13% participants in the urban area had diabetes mellitus, while only 2% had it in rural area in this study. Urban study by Banu N et al(6) shows that 31% of study subjects had diabetes mellitus and 47% of them had hypertension. Rural study by Kumar H et al(2) presents the morbidity profile of non communicable diseases as 20.43% with hypertension and 11.31% with diabetes mellitus. This supports our finding that the prevalence of non communicable diseases like hypertension and diabetes mellitus in urban area is more than that in rural. It may be due to the differences in urban and rural lifestyle.

Present study reveals the preference of government health facilities and allopathic system of medicine by majority of study participants both in rural and urban areas. 91% urban study participants preferred allopathic system of medicine, while 8% of them favoured ayurvedic medicine and 1% chose homeopathy as their first choice of medicine. In case of rural area, for 87% study population, allopathy was the most preferred system followed by ayurvedic system of medicine (11%) and then by homeopathy (2%). The survey by Kumar H et al(2) showed 55.54% preferred allopathic system of medicine and 33.37% chose ayurvedic medicines among rural area in Karnataka. In a study carried out by Sharma et al(7) in Shimla, allopathic medicines were favoured by 81.4% and ayurvedic system was preferred by 11.3% of participants in the study. Government health facilities were the first choice for majority of study participants in the present study both in urban area and rural area for both minor and major illnesses. Similar trend was shown in the studies by Kumar et al(8) in Varanasi, Uttar Pradesh, Aggarwal et al(9) in Dehradun and Patil et al(10) in urban slums in Dharavi, Mumbai.

According to a study by Chopra et al(11) in rural and urban Meerut from October 2019 to December 2019, awareness of health insurance is low in rural areas (37.8%) when compared with urban area (64.4%). However, there wasn't much difference in coverage of health insurance among those who were aware in rural (28.9%) and urban (27.8%) areas. In rural area, 69% of the insurance coverage was government insurance, while in urban, 76% was government insurance. In the present study, 47% of urban adults were aware of health insurance policies, while only 19% of rural population were aware of it. But, the insurance coverage among those who were aware was 57.9% in rural, while it was 38.3% in urban. Of which all the insurance schemes in rural were government and 66.7% in urban were government. The tendency to choose government insurance schemes over private was also shown in the study by Kumar H et al(2) in rural Karnataka.

CONCLUSION

Majority of the adult population in urban Meerut has shown positive health seeking behaviour while it was poor among adult population in rural Meerut. Most of them preferred public health facilities over private health facilities in both the areas, either in minor or major illness. Allopathic system of medicine was preferred over other systems of medicine by most of the participants in urban and rural areas.

Convenience of approach was the major factor affecting health-seeking behaviour in rural area, while it was low cost of treatment in urban area. Most of the rural adults were not aware about the health insurance policies, while around half of urban adults were aware of it. However, insurance coverage among those who were aware was high in rural area compared to urban area. High preference for government insurance schemes over private insurance schemes was shown in both rural and urban areas.

RECOMMENDATION

Awareness programmes can be conducted on importance of positive health-seeking behaviour and the importance of it on improving the quality of living in the community. Measures has to be taken to ensure better access to healthcare facilities, especially in rural areas. Campaigns to improve awareness on health insurance policies (to reduce out of pocket expenditure) and their utilisation can be carried out.

LIMITATION OF THE STUDY

The health-seeking behaviour and morbidity were self reported by the study participants, which may lead to recall bias. Another limitation of the study is lack of follow up (which is implicit in a cross-sectional study). Also, there can be social desirability bias as many may not be willing to admit they went to consult traditional healers or quacks.

RELEVANCE OF THE STUDY

The study enables a clear analysis of both urban and rural data on health-seeking behaviour of adult population, factors affecting it, morbidity profile and aspects on awareness and utilisation of health insurance schemes.

AUTHORS CONTRIBUTION

All authors have contributed equally.

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Nil

CONFLICT OF INTEREST

There are no conflicts of interest.

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DECLARATION OF GENERATIVE AI AND AI ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

The authors haven't used any generative AI/AI assisted technologies in the writing process.

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