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Original Research Article

Health seeking behavior among women in Bhimtar, Sindhupalchowk district of Nepal

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ABSTRACT

Background: When assessing and monitoring the health of a population, it is important to describe not only classical mortality and morbidity indicators but also, perceived illness, visits to primary health services, and utilization of the healthcare services provided. Objectives of the study were to determine the health status and factors affecting health seeking behaviour of women.
Methods: A descriptive study was done at Bhimtar, Sindhupalchowk District in Nepal, involving 147 subjects sampled by purposive sampling. Study population consisted of women. Data was collected by house to house interview with pretested questionnaire during month of September 2016. Data was entered and then analysed using Statistical Package for the Social Sciences (SPSS) 20. Simple measures of statistics like frequency, percentages, means were used to represent the data in tables as a part of descriptive analysis and chi-square test was applied to see the association with dependent variables.
Results: Among 80.9% women who had gynaecological problems, the highest prevalence rate of the disease was low back pain (60.5%) followed by lower abdominal pain (35.2%), dysmenorrhea (27.3%) and menstrual irregularities (27.3%). The first approach of seeking health for the reported illness among women was the traditional healer (51%). Regarding attitude towards modern medicine, 47.6% respondents replied that facilities were not available locally. Similarly regarding hindering factors for not utilizing health services, lack of female doctors (43.75%) and far distance of health care centre (37.5%) were the most common ones.
Conclusions: Higher percentage of women in Bhimtar sought after the traditional healer as the best way for utilizing health services. Modern health care utilization was less because of the distance to be covered during illness and lack of doctors in the health centre.

Keywords: Bhimtar, Health seeking behaviour, Modern health care, Traditional healer

INTRODUCTION

Health seeking behaviour is defined as any action undertaken by individuals, who perceive themselves to have a health problem or to be ill, for the purpose of finding an appropriate remedy.[1] When assessing and monitoring the health of a population, it is important to describe not only classical mortality and morbidity indicators but also, perceived illness visits to primary health services and utilization of the healthcare services provided.[2] Final report of MDG shows that Nepal has made notable progress in health outcomes but still general health status of women (especially those in reproductive age) in Nepal is still poor.[3] Poverty, illiteracy, women's low status in the society, lack of access and difficult geographical terrain are major reasons for poor health status of women in Nepal.[4] Despite the increase in service delivery in our country (FY 70/71), people are still not utilizing it properly due to different reasons.[5] The first choice of the people in the community is still traditional practices which include

Dhami/Jhakri.[6] The total population of Sindhupalchowk is 287,798 according to National Population and Housing Census 2011 and among them149, 447 are women. The data shows that there are more female in the population than male.[7] In context of Sindhupalchowk, there is only 1 district hospital, 3 Primary Health Care Centres, 10 Health posts, 58 sub-health posts.[8] The health care facilities seems insufficient to that population. However these health institutions lack manpower, drugs and other resources. Additionally doctors and health worker's absenteeism is higher in the fulfilled posts.[9] This is the real scenario of our country. Preventive and promotive services are equally important as curative services in health care delivery system. To make the healthcare delivery system successful, we should know how much the community is capable of seeking proper health services in the right time, it is important to know about their health seeking behaviour and the obstacles for not seeking it.

METHODS

This descriptive cross sectional community based study was conducted in remote area Bhimtar of Sindhupalchowk district in Nepal. The study protocol and all amendments were reviewed and approved by the institutional review board of the Medical College. Informed and written consent were taken from the participants. The study was carried out in September 2016.

The sample size was calculated at 147, taking prevalence of 24.5% with confidence interval of 95% and margin of error of 0.07.

The study population comprised married women with age group 19-70 years residing in that area. Data was collected by house to house interview with pretested questionnaire. Data was entered and analysed using SPSS 20 software. Simple measures of statistics like frequency, percentages, mean was used to represent the data in tables (as a part of descriptive analysis) and chi-square test was applied to see the association with dependent variables.

RESULTS

Age-wise distribution of respondents showed that 38.7% of them belonged to the age group of 19-29 followed by 36.05% who lie in 30-40 years age group. The major ethnic group was Danuwar (49.7%) and Majhi (49%). 87% of respondents were illiterate.70% of these women was engaged in Agriculture. The mean age of marriage was found to be 17.27 years. 20.4% of women had their first pregnancy at 19 years.

Among 80.9% women who had gynaecological problems, the highest prevalence rate of the disease was low back pain (60.5%) followed by lower abdominal pain (35.2%), dysmenorrhea (27.3%) and menstrual irregularities (27.3%) (Table 1).

Table 1: Gynecological morbidities in Bhimtar.

Gynecological problems	Frequency	Percent
Low Back Ache	72	60.5
Lower Abdominal Pain	42	35.2
Dysmennorrhea	33	27.3
Menstrual Irregularities	33	27.3
Mennorrhagia	21	17.6
Itching Vagina/Vulva	18	15.1
Profuse Vaginal Discharge	17	14.2
Burning Micturiation	15	12.6
Mass Coming Out Per Vagina	6	5.0
Oligomennorrhea	3	2.5
Frequent Urination	1	0.8
Infertility	1	0.8

The other health problems reported were headache (56.1%), joint pain (31.5%), vision problem (14%), musculoskeletal problems (12.2%) and hypertension (6.1%) (Figure 1).

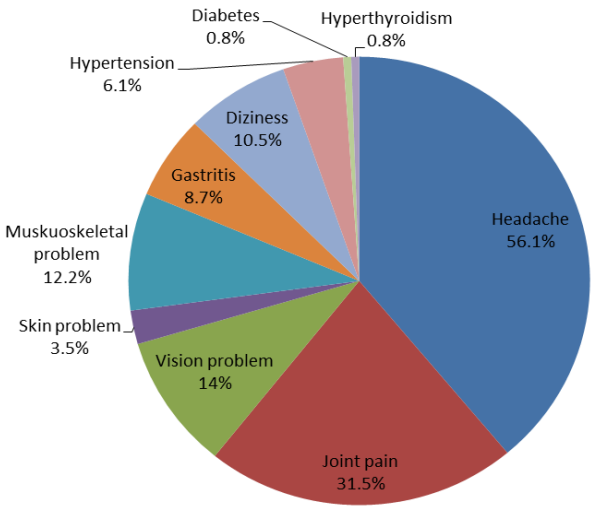

Figure 1: Morbidity pattern in women.

Table 2: Types of modern health facilities seeking approach.

Type of approach to health facilities	Frequency	%
FCHV ((Female community health volunteers)	5	3.4
Health worker	6	4.1
Health institution (Hospitals)	28	19.0
Pharmacy (medical hall)	88	59.9
Community health center	20	13.6

Health seeking behavior of women in Bhimtar towards family planning methods were found poor. Only 36.1% of women had ever used family planning methods and the

commonest used among them was depo provera (32%), followed by vasectomy (26.4%) and Norplant (24.5%).

First approach of seeking health for the reported Illness among women was the traditional healer (51%) followed by modern health care (40.8%). Regarding faith towards the traditional healer, 82.3% of them had faith in traditional healer with great belief in Dhami Jhakri. Among the modern health facilities they approached common were Pharmacy (59.9%) and health institutions (19%) (Table 2).

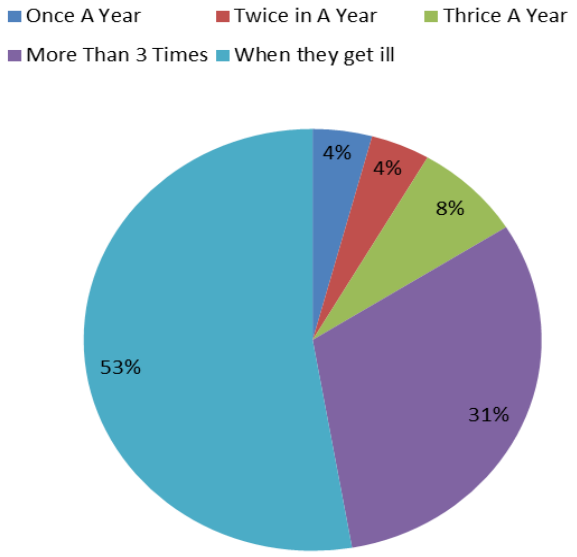

Figure 2: Frequency of utilization of health services.

In this study, 51.7% of the respondents expressed that they used health services whenever they got ill, others (30.6%) of women visited health facilities for seeking health care more than 3 times a year, 7.5% used to visit 3 times a year (Figure 2).

Table 3: Attitude towards modern medicine.

Attitude towards Modern Medicine	Frequency	Percent
Costly	50	34.0
Facilities not available locally	70	47.6
Will lead to healthy community	27	18.4

Regarding attitude towards modern medicine 47.6% respondents replied that facilities were not available locally, 34% said that it was costly and 18.4% believed that it will lead to a healthy community (Table 3).

The main reason for not utilizing health services was lack of female doctors (43.75%) and other hindering factors like far distance of health care centre (37.5%), no lab facilities(31.25%) (Table 4).

Table 4: Hindering factors for utilization of health services (n=80 those who do not utilize modern medicine).

Hindering factors	Frequency	Percent
Doctors not available	20	25%
Lack of medicines	20	25%
No lab facilities	25	31.25%
Costly	30	37.5%
No female doctors	35	43.75%
Too far to reach	28	35%

No significant association was seen between demographic variable (education level, ethnicity, occupation) and health seeking behaviour and medical approach.

DISCUSSION

This study was female centred and consisted of 19-70 years age group and the major ethnic group was Danuwar 50% and Majhi 49%. Study done among Muslim women in Biratnagar showed reproductive age group of 15-49 yrs.[4] Similar study done in VDC of Ilam district showed more male participants and within age group of 20-39 and the major ethnic group was hill Janajati (49%).[10]

The prevalence of the diseases as reported by women in this study was low back pain (60.5%) followed by lower abdominal pain (35.2%) and other general health problems like headache (56.1%) and joint pain (31.5%). This common problem among women in that area may be due to their occupation -agriculture and geographic terrain (high hills). Similar study done among elderly people in Dharan showed that the reported illness of geriatric age was more common.[11] In the study done in rural districts of Vietnam showed that the women had more reported cases of the diseases than men and the common illness were headache bone and joint pain.[2] This is due to the reason that the study area in Vietnam was similar in context to Bhimtar and they were more dependent on agriculture.

First approach of seeking health for the reported illness among women in this study was the traditional healer (51%) followed by Modern health care (40.8%). In the study done in Jumla district, it was seen that majority of the people did not seek modern health care system, more than half of the people were either depend on home treatment (26.9%) or traditional treatment (7.8%) or doing nothing during illness (2%).[9] Findings from the study of Vietnam also indicated that the most common measures people took was self-treatment.[2] The geographical area in the study covered in Vietnam was quite similar to Nepal. For that reason the respondents in those areas also choose self- treatment as their first choice. In study done in Ethiopia, there was strong preference for modern health care (health centre and health post). 85% of the respondents agree with the

statement that modern sources of healthcare can be trusted and seek care immediately over traditional care and self-treatment.[12]

The hindering factors for not utilizing health services in this study was lack of female doctors, distance of health care centre, no pathological lab facilities. In the study done in Thailand, the constraints hindering them from seeking care for the complications were perceived to be the lack of access to health personnel, health facilities, and proper transportation.[13]

There are differences in healthcare-seeking behaviour across religion. Orthodox Christian households are more likely to seek modern high level care earlier as compared with Muslim-headed households.[12] In our study no differences was found in health seeking behaviour across religion and ethnicity.

CONCLUSION

Higher percentage of women in Bhimtar seeks the traditional healer as the best way for utilizing health services. Modern health care utilization was less because of the distance to be covered during illness and lacking doctors in the health centre.

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