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Original Research Article

Health seeking behavior of farming community in rural area of Titabor block in Jorhat district

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ABSTRACT

Background: Numerous factors are associated with the access and utilization of health care services. These factors along with the preferences of the farmers are responsible for the health seeking behavior of farming community. This study aims to understand the health seeking behavior of the farmers and the factors influencing their behaviour in a rural block of Assam.
Methods: A community based cross sectional study was done in a rural block of Jorhat district, Assam among a sample of 400 farmers. A pre designed pretested proforma was used to collect the data. Information was obtained on the demographic variables, health seeking behavior and the factors that may affect health seeking behavior. Results were analyzed using percentage and proportions.
Results: The study revealed that respiratory tract infection (54.25%) was the most common cause of morbidity among farmers followed by musculoskeletal problems (23.25%) and gastrointestinal tract ailments (11.75%). Majority of the farmers preferred the government health facilities (62%) than the private practitioners (17%) for seeking treatment. Around 64% respondents sought health care only when their health conditions were severely affected. Financial constraints (43.25%) and lack of time (29.25%) was observed to be major impediment in utilization of health care services. Children were given most priority in seeking treatment at the time of illness (68.75%).
Conclusions: Government health care facilities were preferred by most respondents due to low cost of services. Behavior seeking healthcare was mostly influenced by financial constraints.

Keywords: Health seeking behaviour, Farming community, Morbidity, Utilization of referral service

INTRODUCTION

Health seeking behavior (HSB) is defined as "the ways in which individuals respond to ill health and disease." A result of a complex interaction of provider, patient, illness and household characteristics, HSB guarantees that people will utilize the services.[1] Since mere availability of services and drugs does not guarantee their access, it is a highly valued behavior among the beneficiaries of the health system. Infact a variety of socio-economic variables like age, sex, social-economic status, severity of illness, access to services (proximity) and quality of services provided influences the HSB.[1,2]

The health system of the rural areas includes the grass root level of health care facilities. With a total population of 1,21,05,69,573 (census 2011), nearly 68.8% of the population of India lives in the rural areas.[3] It is this population that is most concerned with the health facilities available in the periphery. The rural population forms the backbone of any agriculture-based nation.

Agriculture being the main occupation of the rural people of India, nearly 57.8% of them is engaged in this activity.[4]

The farmers have a multitude of health problems. The most common of the health problems include accidents (machine injuries, snake and insect bites), exposure to toxic substances (chemical exposures and insecticide poisoning), physical hazards (extreme conditions, solar radiation) and respiratory problems (farmer's lung, occupational asthma).[5] Educational level in the rural areas being low, knowledge about the health problems faced and the services available at that level may be inadequate. There may be some false beliefs about the causation of diseases and their curability. This will directly affect the level of health care access availed by the people.

Planning for health care service provision depends on the health needs and health seeking behavior of the population. Hence, determining the nature of the health seeking behavior is essential to provide need based health care services to the population. Then only the goal of India's national health policy "universal access to good-quality health care services without financial hardship" will be fulfilled.[6]

Rationale of the study

Knowledge about the awareness of health seeking behavior amongst the farmers is essential for the prevention, treatment, management of disease along with promotion of health among them. However, only a few studies have been undertaken in this population. While hospital data serves as the main source of information regarding the disease pattern, community based studies reflects the preferences in seeking health care services. Hence, the present study was undertaken to explore the health-seeking behavior among the farmers of a rural area.

Objective of the study

To study the health seeking behavior of the farmers and the factors affecting their behavior.

METHODS

The study was a cross sectional study conducted in the Titabor block of Jorhat district, Assam, the rural field practice area of the Department of Community Medicine, Jorhat Medical College for the period of six months from October 2016 March 2017.

Sample size

Due the absence of any previous study on the morbidity pattern of the farmers of this area, prevalence was taken to be 50%. At 95% confidence interval with 10% relative error, the sample size was calculated to be 400.

Sample technique

Multi stage random sampling was done to select the study population. Of the ten Primary Health Centres in the Titabor block, four were selected at random. A village was selected from each PHC by simple random sampling. From each village, a total of 100 agriculture households were surveyed by systematic random sampling. A house to house survey was done with a preformed, pretested proforma. Only a single adult member was interviewed from each household.

Inclusion criteria

Inclusion criteria were only those houses where agriculture was the main source of income were included in the study; subject must be residing in the area for at least one year prior to the start of the study.

Exclusion criteria

Exclusion criteria were migrants, pregnant and lactating women were excluded from the study; unable or unwilling to give consent.

Statistical analysis

The collected data were tabulated and analyzed in MS Excel and SPSS -version 23. Appropriate statistical test were used under 95% confidence interval.

RESULTS

Table 1: Demographic characteristics of the study participants.

Demographic characteristics	Number (n)	Percentage (%)
Gender		
Male	344	86.00
Female	56	14.00
Religion		
Hindu	265	66.25
Others	135	33.75
Type of family		
Joint	114	28.5
Nuclear	286	71.5
Education		
Illiterate	25	6.25
Primary school (upto class V)	174	43.5
High school (upto class X)	145	36.25
Higher secondary (upto class XII)	36	9.00
Graduate and above	20	5.00

Among the study participants, 86% were males and 14% were females. Hindus constituted the bulk of the study

sample (66.25%). Nearly 28.5% were from joint family but majority (71.5%) belonged to the nuclear families. Most of the study participants were educated up to primary school (43.5%) followed by high school (36.25%). Only a mere 5% were graduates and above (Table 1).

Respiratory tract infection (54.25%) was found to be the most common cause of morbidity among the farmers. It was followed by musculoskeletal problems (23.25%), gastrointestinal tract problems (11.75%), skin diseases (8.5%) and others (2.25%) respectively.

Table 2: Health seeking behavior pattern of the study subjects.

Health seeking behaviour	Number (n)	Percentage (%)
Place of seeking treatment		
Government hospitals	248	62.0
Private clinicians	68	17.0
Traditional healers (quacks)	44	11.0
Over the counter medications	40	10.0
Time of seeking treatment		
Severe	256	64.0
Immediately (<3 days)	144	36.0
Priority group for seeking treatment		
Children	275	68.75
Spouse	76	19.0
Elders	32	8.0
Self	17	4.25
Utilization of referral service		
Referred	144	36
Referral service accepted (n=144)	112	84.2

Study participants were found to be more inclined towards seeking treatment in the government hospitals (62%) as against only 17% who preferred private clinicians and 11% from traditional healers/quacks. Nearly 10% of them took over the counter medications in times of illness (Table 2).

Majority of the farmer interviewed (64%) sought treatment only when the disease was severe, while others (36%) consulted for help within 3 days of onset of disease/illness (Table 2).

Children were found to be the group most prioritized in seeking treatment in times of illness (68.75%). They were followed by the spouses (19%) and elder members of the family (8%). Emphasis for treatment of self was observed in a very few cases (4.25%) (Table 2).

Among those interviewed, 144 of the subjects (36%) were advised for treatment in a higher level facility. However, nearly 15.8% of them didn't accept it and preferred being treated locally (Table 2).

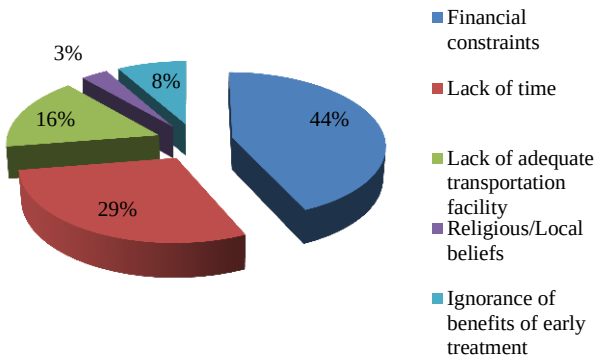

Figure 1: Factors affecting early treatment.

Financial constrains (44%) was observed to be among the most common hurdle in seeking treatment. Besides, lack of time (29.25%), lack of adequate transportation facility (16%) and an ignorance of the benefits of early treatment (8%) were other factors. Religious and local beliefs/customs (3%) were also found to be causing hindrance to seeking healthcare in a few of the study subjects (Figure 1).

It is remarkable to note that of the total subjects interviewed, 97.25% were actually satisfied with the health care facilities available in the area.

DISCUSSION

India has nearly 56.6% of the population engaged in agriculture and allied activities.[7] In the present study, it was observed that among the morbidities of the farmers, respiratory tract infection (54.25%) was the most common. Other common diseases include musculoskeletal problems (23.25%), gastrointestinal tract problems (11.75%) and skin diseases (8.5%). Our findings were very similar to WHO report where stated that respiratory tract infections and musculoskeletal problems to be the most common occupational diseases.[8] In fact farmers are known to have high morbidity and mortality from certain respiratory diseases when compared to the general population.[9] However, contrary to our findings study conducted in Karnataka found that the diseases of the oral cavity (62.5%) to be the most common followed by musculoskeletal problems (21.75%).[10]

For any diseased individual, treatment choice involves a myriad of factors that may be related to illness type, severity, preexisting cultural beliefs, options available, service quality, as well as the age, gender and social circumstances of the sick individual.[11] They encounter a wild array of medical services ranging from qualified medical practitioners to untrained self-taught quacks.[12] In this study we observed that of all the options available, the farmers mostly preferred the government hospitals (62%) to private practitioners (17%). Some even went for

over the counter medicines (10%) and traditional healers/quacks (11%). These results were very similar to other study done among the rural population of South India where 56.4% reported visiting the public health facilities and 11.2% who visited traditional healers or took over the counter medicines.[1] This may be attributed to the fact that government hospitals provide subsidized treatment with bare minimum out of pocket expenses and services are linked to the community through village level health functionaries. In contrast, due to the high level of illiteracy that is still prevalent in India, few are ignorant about the facilities and owing to their cultural traditional belief they still make a bee line to the quacks or traditional healers.

We observed that most of the agricultural workers (64%) sought treatment only when the disease was severe. Studies in Columbia and Brazil showed that of the people requiring health care, only 72.3% and 83.8% sought treatment respectively.[13] It is the severity of symptoms and the duration of illness that are the major determinants of health-seeking behavior. In case of a mild symptom, home remedies are sought and the natural course of the disease allowed. However with multiple and longer duration of symptoms, health seeking behavior is increased.

Just mere presence of a health care facility is never enough to ensure that the catering population will avail the services. It needs to be "universally accessible to individuals and acceptable to them, through their full participation."[14] Our study was able to identify a few factors that affected utilization of these facilities. Among them, financial constraints (43.25%), lack of time (29.25%) and lack of transportation facilities (16%) were the major barriers. Ignorance of the benefits of early treatment (8.25%) and local or religious beliefs (3.25%) also affected the health seeking behavior. Earlier study done in Uganda found similar results where financial constrains (high cost of services) and long distances were among the top three barriers, with the additional factor being regular stock out of drugs.[15] The high levels of poverty in the rural areas of this part of India are directly aggravated by the expenditure on transportation. Further the loss of time leads to loss of their wages. These factors act as a deterrent in availing the health care facilities.

Client satisfaction is an integral part of any service disbursal. Among the beneficiaries availing the services of the health facilities in our study, 97.25% were satisfied with the facilities available. Similar results were also observed in a study done in Delhi (98%). It may be attributed to the fact that the government health facilities are the most easily accessible and incurs minimum out of pocket expenses.[16]

CONCLUSION

The government health facilities are at the very core of health care infrastructure in rural areas. Majority of the agriculture workers are dependent on these facilities for their health care requirements. Hence, it is only reasonable to focus more on government health facilities by allocating adequate resources and improves upon the hindrances encountered by the farming communities. At the same time, behavior change communication regarding the importance of early treatment can go a long way to improve the health seeking behavior of the agriculture workers.

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