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Original Research Article

A cross sectional study to find out the health seeking behaviour of brick kiln workers

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ABSTRACT

Background: This study was designed to assess the factors associated with the health seeking behaviour of brick kiln workers and to acquire an in depth understanding of their health.
Methods: 420 brick kiln workers who were eligible for the study were interviewed using a semi structured, pre-designed, pre-tested interviewer administered questionnaire. Statistical analysis used: SPSS version 20.
Results: 48.9% showed good health seeking behavior while 51.1% showed poor health seeking behavior. 69.4% more than 40 years, 38.2% in the age group of 26-40 years and 40.2% in the age group of 18-25 years showed good health seeking behaviour.
Conclusions: Good health seeking behavior was seen in older age groups, females and bigaaris.

Keywords: Brick kiln, Health seeking behaviour, Migrants, Knowledge, Attitude, Practices

INTRODUCTION

India's brick kiln industry contributes about 3 bn pounds to the country's economy every year with an estimated demand of 120 bn bricks per year.[1] There are about 50,000 brick kilns all over India employing on an average 100 workers per unit.[2] Brick kiln workers are mainly the rural migrant labour which is amongst the most neglected sections of the society. Uninsured and low paid labourers mainly tend to utilize private clinics and most often pay out of pocket.[3] The simplest definition of health seeking behavior is "sequence of remedial actions that individuals undertake to rectify perceived ill-health".[4] As there was no available literature to highlight the health seeking behaviour of the brick kiln workers, we decided to document the same through our study so that understanding this lacunae can help in planning health services suitable for them.

METHODS

The study was carried out for a period of 10 months from December 2016 to October 2017 in the rural field practice area of the medical college near Ganeshpuri. A cross sectional study design was adopted and the study area was mapped with the help of health workers. The workers present at the time of study, who were involved in the brick making process for at least 6 months were chosen. Those who did not give their consent to participate were excluded from the study.

The study subjects were approached at the site of their settlements during their non-working hours. The 420 workers falling into the eligibility criteria, were selected from the 65 brick kiln factories in the study area. Simple random technique was used to select the brick kiln factories. After having taken informed consent the study

subjects were interviewed using a semi-structured questionnaire.

The responses given by the participants were entered in Microsoft Excel 2010 and analysed using SPSS version 20.

RESULTS

Mean age of the workers was found to be 35.34 years. Majority of the participants (51.7%) belonged to age group of 26-40 years. 55.7% were females and 44.3% were males. Only 16.9% were literate (could read and write) while 83.1% were illiterate. Majority of the workers belonged to class 3 as per BG Prasad classification.

Table 1: Socio-demographic characteristics of the participants (n=420).

Socio-demographic characteristics	Frequency	Percentage (%)
Age groups (in years)		
18-25	92	21.9
26-40	217	51.7
More than 40	111	26.4
Sex		
Males	186	44.3
Females	234	55.7
Marital status		
Single	53	12.6
Married	367	87.4
Educational level		
Illiterate	349	83.1
Literate	71	16.9
Type of family		
Nuclear	318	75.7
Joint	102	24.3
SEC		
Class 2 : upper middle class (Rs. 3099-6260)	85	20.2
Class 3: middle class (Rs. 1835- 3098)	245	58.3
Class 4: lower middle class (Rs. 949 – 1834)	56	13.2
Class 5: lower class (<948)	34	8.2

Table 1 shows the sociodemographic profile of the workers. 59.5% were aware about the nearest available health facility. 49.5% would visit a government set up to seek care at the time of illness. In the event of past illness, 90.7% sought some kind of medical help while 9.3% did nothing. 63.4% immediately sought medical help upon falling ill. Table 2 shows the health seeking behaviour of the workers. Health seeking behaviour was further classified as good health seeking behaviour and bad health seeking behaviour.

Table 2: Health seeking behaviour of the workers (n=420).

Variables	Frequency	Percentage (%)
Knowledge about nearest available health facility:		
Aware	250	59.5
Unaware	170	40.5
Place of seeking care at the time of illness		
Government	208	49.5
Private (hospital/clinics/ doctors)	194	46.2
Others (selfcare/drug store/ quacks)	18	4.3
Health seeking behaviour in the event of last illness		
Visited a doctor	299	71.2
Took Treatment at home	5	1.3
Self treated	21	5
Visited a quack	8	1.9
Took previous medicines	14	3.4
Took medicines from the chemist	34	8
Did Nothing	39	9.3
Time duration within which medical help is sought		
Immediately	266	63.4
Whenever they get a holiday	27	6.4
When they are unable to work	52	12.4
Depends on severity of illness	46	10.9
First try home treatment	21	5
Do not take medicines	5	1.2
After they get money	3	0.7
Home based remedies used for:		
None	331	78.8
Jaundice/stomach ache	50	11.9
Cold/headache	29	6.9
All	10	2.4
Advise for treatment		
No one	75	17.9
Spouse	114	27.1
Boss	62	14.8
Doctors	5	1.2
Elders	50	11.9
Friends/peer	114	27.1

Good health seeking behavior was constructed based on the response to –

Knowledge: About the nearest health seeking facility at both native place as well as place of migration.

Attitude: Seek care at the medical facility or seek care from quacks or do not seek medical care at all.

Practice: Sought care during their last episode of illness.

Only if the response to all of these factors was positive it was classified as good health seeking behavior. 48.9% of the participants showed a good health seeking behavior while 51.1% of the participants showed poor health seeking behavior as shown in Table 3. Age, sex and the type of work done at the brick kilns was found to be associated with good health seeking behavior. Association of the health seeking behavior with the socio demographic factors is presented in Table 4.

Table 3: Classification of health seeking behaviour of the workers (n=420).

Health seeking behaviour	Frequency	Percentage (%)
Good	205	48.9
Poor	215	51.1

Table 4: Association between different variables and health seeking behavior.

	Health seeking behaviour		
Parameter	Good	Bad	P value
	N (%)	N (%)	
Age groups (in years)			
18-25	37 (40.2)	55 (59.8)	p<0.001
26-40	83 (38.2)	134 (61.8)	
>40	77 (69.4)	34 (30.6)	
Sex			
Male	69 (37.1)	117 (62.9)	p<0.001
Female	128 (54.7)	106 (45.3)	
Educational status			
Illiterate	163 (46.7)	186 (53.3)	p=0.855
Literate	34 (47.9)	37 (52.1)	
Marital status			
Married	168 (45.8)	199 (54.2)	p=0.222
Single	29 (54.7)	24 (45.3)	
Type of work			
Paatla	115 (44.1)	146 (55.9)	p=0.022
Mhaapa	49 (47.6)	54 (52.4)	
Bigari	27 (69.2)	12 (30.8)	
Bhatkar	6 (35.3)	11 (64.7)	

DISCUSSION

90.7% reported that they seek health care in an event of illness if they or any of the family members fall ill. It is appreciable that they didn't follow the common trend of coming back to seek treatment even for minor ailments which results in loss of job and earnings. 46.2% visited private set up at the time of illness as the quality of health care and the accessibility for the respondents was better. A study done in South India indicates >70% of chest symptomatics make one or more efforts to seek care and that private practitioners are consulted more often than the government health care providers.[5]

Inspite of the government providing nearly free services, poor household spend a significant part of their income on transport and informal charges though drug expenditure occupies almost 70% of the total out of pocket expenditure.[6] High level of private out of pocket expenditure can pose problems for these daily wage brick workers who are unable to pay, facing them into debt and leading them into a poverty trap.

1.9% of the respondents visited a quack in the event of an illness. This is in contrast to a study done in Pakistan which confirms up to 88% of the respondents visiting quacks.[7] Another study reports 97% of the respondents visiting quacks with affordability and accessibility being the major reasons for the response of this overwhelming majority.[8]

63.4% sought help immediately when they were symptomatic, while remaining 31.5% showed a tendency to 'accept' the condition, bear the problem and not seek health care but to manage their problem until it becomes unbearable and distressing to their daily lives. They were the ones who sought medical help when they were unable to do work or when they got a holiday, or when they would receive their payment. Some would decide based on the perceived severity of their illness. If the individuals perceived their illness to be either mild or not for medical treatment, they would not seek healthcare treatment for the same. In a study done in South India, the major reason provided for not seeking health care was that the individuals did not consider their symptoms to be severe enough to seek care followed by inability to seek health care due to the pressure of work.[9]

A person's approach to health-seeking behaviour can be described as a "pattern of resort." According to the Encyclopedia of Medical Anthropology, people usually opt for the simplest form of treatment, which usually is the cheapest, most effective treatment they deem to be. Only when the simplest form of treatment is proved unsuccessful do people seek higher level, more costly and unconventional treatments.[10] This explains the behavior of 5% of the people who first tried home based treatment or did not take any medicines.

The World Health Organization defines the social determinants of health as the "conditions in which people are born, grow, live, work and age." In 2011, the World Health Organization argues "the distribution of money, power and resources at global, national and local levels" creates these conditions.[11] Socio-economic status (SES), gender, race, and educations are factors of health-seeking behaviour that are influenced by the social determinants of health. In our study, it was seen that those in the older age groups showed better health seeking behaviour. The interpretation of our results may be due to the cumulative effects of long duration of the diseased conditions. It is possible that presence of chronic illness has an influence on seeking medical help, where by the participants who

have chronic disease seek medical help more than others which could be the case with the older age groups.

In our study we found that women showed better health seeking behavior as compared to males. This was similar to a study in which it was found that men delayed seeking care when compared with women.[9] It could be due to the fact that the men might shrug of symptoms as normal everyday muscle aches or normal regular occurrence. Women on the other hand might feel compelled to seek medical care in order to be able to work and assist their families in the various activities related to brick making.

It was noted that some of the individuals equated seeking treatment to announcing to public and especially their employers that they have an illness. This instilled a sense of insecurity in the workers which compelled them to delay their health seeking behavior till the time it was physiologically plausible.

The study is first of its kind in this population. It successfully helps to identify the patterns of health care seeking and provides a valuable insight into the migrant's health. The study however lacked a qualitative aspect which could have provided an effective foundation for probing the relevant findings in a greater depth. Nevertheless, this study can be treated as a novel innovative beginning towards further research which will further strengthen the health needs of brick kiln workers.

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