

## Original Research Article

# Assessment of health seeking behaviour among fishermen community in Puducherry

Rajarajeswari Neethiselvan, Gayathri S.\*, Shanmughapriya P.

Department of Community Medicine, Mahatma Gandhi Medical College and Research Institute, Puducherry, India

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### \*Correspondence:

Dr. Gayathri S.,

E-mail: rajiselvan001@gmail.com, dr.gayathri90@gmail.com

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### ABSTRACT

**Background:** Fishermen community are involved in dangerous and complex profession and have diverse and untold constraints like work overtime in sea- nightshifts and late- night return from sea which worsen their morbid conditions. Objectives were to explore the health seeking behaviour and challenges faced by the fishermen community to utilize the health care facility in Puducherry.

**Methods:** A community based cross-sectional study was conducted among 102 individuals in the selected villages of fishermen community in Puducherry based on convenient sampling during September 2019 to November 2019.

**Results:** Majority 63 (62.4%) utilized government hospitals for various illness. Nearly one-third of people 35 (34.5%) visited private hospital for their ailments and another 4 (3.9%) preferred pharmacies for their illness. More than half of the study participants working as an active fisherman 59 (57.8%) had approached health care facility during their illness ( $p < 0.037$ ). Around 54 (52.9%) subjects belonged to lower middle class visited health facility during their illness ( $p < 0.046$ ). Free of cost, 24x7 services, and easy accessibility, were reported as the commonest reason for choosing public health facility. Doctors availability, less time consumption and quality of medical care were the reasons for preferring private practitioners.

**Conclusions:** Strengthening of public health care services near the fishermen community area is required to promote their health seeking behaviour. Also, special focus to be given for appropriate transport facility and arranging specialized healthcare professionals for this community.

**Keywords:** Challenges, Fishermen community, Health seeking behaviour

### INTRODUCTION

Health is an essential prerequisite for good quality of life.<sup>1</sup> Health Seeking Behaviour (HSB) refers to decision or an action taken by an individual to maintain, attain, or regain good health and to prevent illness.<sup>2</sup> In developing countries, the relentless struggle of traditional fishermen who work in the sea and the maritime environment remains still dangerous.<sup>3</sup> The dangerous and complexity of this profession is explained by an arduous and laborious activity with diverse and untold constraints (atypical work schedules, unsafe job, workplace injustice and violence, unbalanced meals, lack of leisure, chronic

work-related stress, gastrointestinal disorders, cardiovascular diseases and its risk factors hypertension, diabetes and metabolic syndrome, musculoskeletal issues, respiratory problems and acute traumatic injuries) which require a sustain degree of attention.<sup>4</sup>

Fisherfolks, irrespective of their health conditions, they work overtime in sea, including nightshifts and late- night return from sea, are the reasons to worsen their morbid conditions. This directly limits the utilization of the available health care options, either public or private and modern or traditional health facility. Also, fisherfolk from lower middle, lower socio- economic status usually

deceive primary care providers and opt interventions like self-medication, home remedies and grab drugs in pharmacies.<sup>5</sup>

Although an extensive primary healthcare system exists in India, it is inadequate to cover wide population, and grossly underutilized because of the dismal quality of health care provided.<sup>6</sup> Public and private health sector coexist with each other, but private sector was preferred due to easy availability even during late nights, speciality care, quality care which draws the individual's attention.<sup>2</sup> On the other hand, public sector was known for free service, long waiting hours, unavailability of healthcare professionals, inadequate facilities, long distance and hard to reach area.<sup>7</sup> Further, long hours of travel, costs, unavailability of transport act as hindrance for the people residing in remote areas/hard to reach areas.<sup>8</sup> Hence, there is a restriction to utilize the provision of healthcare facilities available to the fishermen community. Viewing the above situation, the present study was planned to assess the health seeking behavior among the fishermen community and to determine their challenges faced by them while utilizing the health care services.

## METHODS

### *Study design and setting*

A community based cross sectional study was conducted during September 2019 to November 2019 among fishermen communities residing at Bahour taluk, Puducherry. The sample size for this study was calculated to be 102, with 55.9% prevalence of self-medication practices in Urban Puducherry, with absolute precision (d) of 10% and attrition of 10%.

### *Study tools*

A pre-tested semi-structured questionnaire was used to collect data by house to house visits. Interview schedule was administered to study participants. The study protocol was approved by the institutional ethical committee. The purpose of the study was explained to the participants and consent was obtained. Data was collected on socio-demographics variables, occupation, family size, health care seeking behavior and reasons for non-utilization of health care facilities and challenges faced to utilize the healthcare facility.

### *Inclusion criteria*

Permanent fisherfolks residing in the selected coastal areas of Puducherry, not less than 10 years. Individuals aged more than 18 years.

### *Exclusion criteria*

Mentally ill (cognitively impaired) respondents who were incapable of answering the questions put forth. People who were not willing to participate.

## **Definition**

*Fisherfolk*: refers to the people who do fishing as an occupation for their living (it includes of active fishermen, marketing of fish, curing/processing, making/repairing net and other allied activities)

*Health seeking behaviour*: denotes the decision or an action taken by an individual to maintain, attain, or regain good health and to prevent illness.

## **Data collection**

A house-to-house survey was done during May 2019-July 2019 and trained interviewers visited all selected households. If any of the household was found locked then they were visited again. Two return visits were made to households where eligible members were not available for interview during the first visit. Informed written consent were taken from all the participants before the initiation of interview. The participants were interviewed and the information about the health seeking behaviour during their illness was collected.

## **Statistical analysis**

Data was collected through web based mobile application Epicollect.<sup>5</sup> It was then exported to Microsoft excel and analysed using Epidata version 2.2.3 software. Quantitative variables were summarized using mean and standard deviation. Chi square test was used to determine the factors associated with health seeking behaviour and various socio-demographic characteristics of the study participants. P value  $\leq 0.05$  was considered to be statistically significant.

## RESULTS

The mean age of the study participants was  $43.1 \pm 12.9$ . Among 102 study participants, majority 64 (62.7%) were male, and more than three-fourth 82 (80.4%) of individuals belonged to Hindu religion. Nearly half of the individuals completed their primary education. Most of the study participants 59 (57.8%) were active fisherman, remaining 43 (42.2%) were doing other fishing related works. As per B.G. Prasad socio-economic scale, more than half, 54 (52.9%) were belonged to lower middle class, while only 15 (14.7%) were belonged to middle class. Majority of the respondents of the study population, 67 (65.7%) belonged to nuclear families and 22 (21.6%) are from joint families. Nearly half 44 (43.1%) of the study participants had the work experience of 21-30 years and only 6 (5.9%) had more than 40 years of work experience. Almost 42 (41.5%) of the fishermen boats were taken under lease, nearly one-third 31 (31.2%) of them had own boats. Around 48 (47.5) had piper type of boats (Table 1).

Around 63 (61.8%) of the respondents preferred government hospital for various health related problems.

**Table 1: Socio-demographic characteristics of the respondents.**

Variables	Category	N (%)
<b>Age (years)</b>	≤30	22 (21.6)
	>30	80 (78.4)
<b>Gender</b>	Male	64 (62.7)
	Female	38 (37.3)
<b>Religion</b>	Hindu	82 (80.4)
	Muslim	3 (2.9)
	Christian	17 (16.7)
<b>Education</b>	Illiterate	42 (41.2)
	Primary	43 (42.2)
	Middle school	11 (10.8)
	High school	5 (4.9)
<b>Socio-economic status (B.G. Prasad scale 2019)</b>	Graduate	1 (0.9)
	Middle class	15 (14.7)
	Lower middle class	54 (52.9)
	Lower	33 (32.4)
<b>Occupation</b>	Active fishing	59 (57.8)
	Selling fish	20 (19.6)
	Other- fish related works	23 (22.5)
	Nuclear	67 (65.7)
<b>Type of family</b>	Joint	22 (21.6)
	Three generation	13 (12.7)
	Family size	13 (12.7)
<b>Family size</b>	≤5	77 (75.5)
	>5	25 (24.5)
<b>Work experience</b>	≤10 years	11 (10.8)
	11-20 years	41 (40.2)
	21-30 years	44 (43.1)
	>30years	6 (5.9)
<b>Hours of working</b>	≤3 hours	12 (11.8)
	3-8 hours	50 (49.0)
	8-12 hours	27 (26.5)
	>12 hours	13 (12.7)
<b>Boat ownership</b>	Own	31 (30.4)
	Rent	29 (28.4)
	Lease	42 (41.2)
<b>First aid kit availability in the boat</b>	Yes	23 (35.9)
	No	41 (64.1)

Almost one-third of the study population visited private hospitals and the rest 4 (3.9%) approached pharmacies. Most common reasons for seeking the health facility are cold/fever 31 (30.4%) and musculoskeletal problems/osteoarthritis 20 (19.6%). Other common morbid conditions include injuries/accidents 15 (14.7%) respiratory problems 11 (10.8%), non-communicable diseases (diabetes/hypertension) and hearing impairment (Table 2).

**Table 2: Health seeking behaviour of the respondents.**

Variables	Category	N (%)
<b>Common utilized health care facility</b>	Government	63 (61.8)
	Private	35 (34.3)
	Pharmacies	4 (3.9)
<b>Reported morbidities</b>	Fever/cold	31 (30.4)
	Musculoskeletal problems/osteoarthritis	20 (19.6)
	Respiratory problems	11 (10.8)
	Injuries and accidents	15 (14.7)
	Diabetes/hypertension	14 (13.7)
	Others	11 (10.8)
<b>Choice of treatment</b>	Based on physician advise	55 (53.9)
	Based on past experience with similar illness	39 (38.2)
	Based on advice from neighbours/friends	7 (6.9)
	Native treatment	1 (1.0)

Reported morbidities: Others: Cardiovascular disease, Hearing impairment.

Various factors like education, working experience, occupation, gender and socio-economic status were significantly associated with health seeking behaviour (p<0.005) whereas working hours was not found to be associated with any type of healthcare seeking behaviour (Table 3).

Reported reasons for preferring a particular health facility were: easy accessibility, free of services, low cost, trust, 24x7 quality care.

**Table 3: Association of study participants' characteristics with health seeking behavior.**

Characteristics	Commonly utilized healthcare facility			Frequency (%)	P value
	Government	Private	Others		
<b>Age (years)</b>					
≤30	12 (19.1%)	9 (25.7%)	1 (25.0%)	22 (21.6%)	0.733
>30	51 (80.9%)	26 (74.3%)	3 (75.0%)	80 (78.4%)	
<b>Education</b>					
Illiterate	33 (52.4%)	7 (20.0%)	2 (50.0%)	42 (41.2%)	0.007*
Literate	30 (47.6%)	28 (80.0%)	2 (50.0%)	60 (58.8%)	
<b>Hours of working</b>					
≤8 hours	41 (65.1%)	20 (57.1%)	1 (25.0%)	62 (60.9%)	0.242
>8 hours	22 (34.9%)	15 (42.9%)	3 (75.0%)	40 (39.1%)	

Continued.

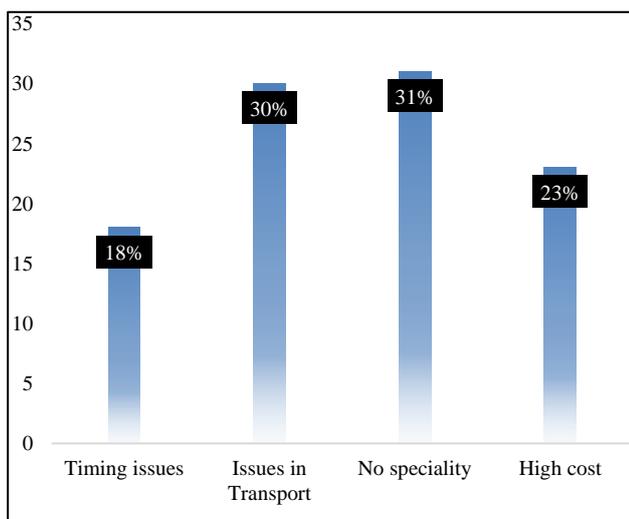
Characteristics	Commonly utilized healthcare facility			Frequency (%)	P value
<b>Years of experience</b>					
≤10 years	6 (9.5%)	4 (11.4%)	1 (25.0%)	11 (10.8%)	0.005*
11-20 years	26 (41.3%)	14 (40.0%)	1 (25.0%)	41 (40.2%)	
21-30 years	27 (42.9%)	17 (48.6%)	0	44 (43.1%)	
>30 years	4 (6.3%)	0	2 (50.0%)	6 (5.9%)	
<b>Occupation</b>					
Fishing	38 (60.3%)	19 (54.3%)	2 (50.0%)	59 (57.8%)	0.037*
Selling fish	8 (12.7%)	12 (34.3%)	0	20 (19.6%)	
Other-fish related work	17 (27%)	4 (11.4%)	2 (50.0%)	23 (22.6%)	
<b>Gender</b>					
Male	33 (52.4%)	28 (80.0%)	3 (75.0%)	64 (62.7%)	0.022*
Female	30 (47.6%)	7 (20.0%)	1 (25.0%)	38 (37.3%)	
<b>Socio-economic status</b>					
Middle	8 (12.7%)	7 (20.0%)	0	15 (14.7%)	0.046*
Lower middle	36 (57.1%)	18 (51.4%)	0	54 (52.9%)	
Lower	19 (30.2%)	10 (28.6%)	4 (100%)	33 (32.4%)	

Commonly utilized healthcare facility: Others: Pharmacies, traditional healing methods, self-medication.

**Table 4: Reasons for preferring particular health facility.**

Reasons	Government	Private	Others	P value
<b>Trust</b>	7 (11.1%)	4 (11.4%)	1 (25.0%)	0.703
<b>Easy access</b>	19 (30.2%)	3 (8.6%)	1 (25.0%)	0.049*
<b>Free cost</b>	17 (27.0%)	0	0	0.001*
<b>Low cost</b>	5 (7.9%)	8 (22.8%)	1 (25.0%)	0.096
<b>Quality/speciality care</b>	9 (14.3%)	17 (48.6%)	1 (25.0%)	0.001*
<b>Others</b>	6 (9.5%)	3 (8.6%)	0	0.807

Common reasons for opting the public health facility were free of cost and less time to reach the healthcare facility. Private hospitals were preferred due to their availability, speciality care, quick pain relief and transport feasibility. Challenges faced for utilizing health care services (Figure 1).



**Table 1: The knowledge about the disease caused by dog bite (n=111).**

**DISCUSSION**

The current study revealed that in case of sickness majority 62.4% of the study participants visited government hospitals. Similar findings were reported by Chauhan et al, where participants preferred public health sector than private sector.<sup>9</sup> Results from our study showed that one-third of the study participants visited the private health sectors and only 3.9% visited other health facilities including pharmacies and was found to be statistically significant.

A study conducted by Ramana et al in urban slum of Vishakhapatnam city concluded that private sectors are preferred as a choice by the community people due to various reasons like easy availability, speciality clinics and quality care for acute and chronic illness, particularly by those who don't have financial constraints.<sup>10</sup>

In the present study, most of the study participants reported to visit the public and private health facilities for cold/fever 30.4% and musculoskeletal problems/osteoarthritis 19.6%. Other common morbid conditions for healthcare visit are respiratory problems, injuries/accidents and other communicable diseases. Fisherfolks with illness like osteoarthritis, lumbar spondylosis, and severe respiratory problems preferred private specialty clinics than government sector.

Although the quality of services catered by private sectors is also questionable however factors like easy availability, accessibility, quick pain relief and specialty care make them as a preferred choice.

Those who had major injuries/trauma, cardiovascular disease, and children prefer hospital modality treatment while the illness with less severity like cold, itching etc. prefer home remedies, self-medication or avail drugs from pharmacies. A similar study finding by Pillai et al was revealed no gender difference in seeking private or government healthcare.<sup>11</sup> Socio-economic status was found to be associated with the preference to the organized healthcare providers, adding on fishermen with lower status were availing drugs in pharmacies, taking self-medication and visiting traditional healers. Similar finding by Schellenberg et al, have reported that there was association between socioeconomic status and HSB, with socioeconomic status people seeking frequently the government health care.<sup>12</sup> The study tried to analyse the health seeking behavioural pattern of the fishermen people and their precaution measures during their illness.

## CONCLUSION

Health problems still exist to a greater extent and there is an urgent need to improve health services to the fishermen community. Health seeking behaviour of the fishermen community usually rely on the subjective perception in terms of quality healthcare services in health centres. This can be achieved by captivating the fisherfolks towards government sectors by improvising the infrastructure including manpower, provision of effective drugs, quality and 24×7 specialty care services, which are the corner stone for promoting better health and livelihood of the individual. Also, health education and counselling by healthcare professionals aid to curtail the health problems in the fishermen community.

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