



## Original Research Article

# SOCIO-DEMOGRAPHIC PROFILE AND HEALTH SEEKING BEHAVIOUR IN RURAL FIELD PRACTICE AREA OF TERTIARY CARE CENTRE- A CROSS SECTIONAL STUDY

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Received : 03/04/2024  
Received in revised form : 25/05/2024  
Accepted : 12/06/2024

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DOI: 10.5530/ijmedph.2024.2.121

Source of Support: Nil,  
Conflict of Interest: None declared

Int J Med Pub Health  
2024; 14 (2): 637-641

### ABSTRACT

**Background:** India has made continuously significant progress in improving the health conditions of its rural population. The healthcare facilities of a country determine the health seeking behaviour of the population. **Objective:** To explore the Socio-demographic distribution, health seeking behaviour & its determinants among defined rural population.

**Materials and Methods:** A community based Cross sectional study was conducted from January 2024 to May 2024. By door to door survey and by using systematic random sampling techniques, houses were selected randomly and 1004 study participants were considered for the study. The data was analysed by means, proportions and Chi-square test. p value less than 0.05(p<0.05) at 95% confidence interval, was consider for significant, SPSS Version 23 Statistical Software was used to analyse the data.

**Results:** A total of 1004 people participated in the study, which included 81.57% males and 18.43% females. Public health care facilities were preferred by around 75% participants. The cost of treatment, personal attention, ante natal care services, family planning services and immunization services was found to be statistically significant (p<0.001).

**Conclusion:** Awareness must be generated among the rural population regarding the health problems, health programmes, schemes and hygienic and health seeking behaviour.

**Keywords:** Rural population, Socio demographic profile, health seeking behaviour.

## INTRODUCTION

Indian rural community population for the year 2022 was 908,804,812, a 0.06% decline from year 2021. People in rural areas generally have less access to healthcare than their urban counterparts. Persistent challenges rural communities face in accessing healthcare, a fundamental right for all individuals. The disparity in healthcare access between rural and urban areas necessitates urgent action to enhance healthcare infrastructure, train healthcare personnel effectively, and implement robust public health initiatives. India's commitment to achieving universal health coverage by 2030 is commendable

and pivotal in addressing these discrepancies. To realize this goal, substantial investments in healthcare infrastructure, comprehensive training programs for healthcare professionals, and initiatives to promote preventive healthcare measures are imperative.<sup>[1]</sup>

By prioritizing education, training, and bolstering healthcare facilities in rural regions, India can narrow the healthcare access gap between rural and urban populations. This concerted effort holds promise in improving overall health outcomes and fostering the wellbeing of all citizens.

Orientation towards community health, of all categories of health personnel and their capacity to function as an integrated team.

The Community Medicine Department has a major role to play in producing/creating a doctor competent enough in providing comprehensive health care to a patient, family and to the whole community, keeping in view the national health programmes. Effective health care delivery depends largely on the education, training and appropriate orientation towards community health, of all categories of health personnel and their capacity to function as an integrated team.

The present study was undertaken to explore the Socio-demographic distribution, health seeking behaviour & its determinates among defined rural population of field practice area of tertiary care centre.

## MATERIAL AND METHODS

This study was conducted in the rural field practice area Nasarollabad, of tertiary care centre SVS Medical College, Mahabubnagar, Telangana, India. Institutional Ethics Committee approval was taken prior to study. A community based Cross sectional study was conducted from January 2024 to May 2024. The total population of this area is 2067, out of it total 1004 study participants participated in our study. Systematic random sampling techniques was used to conduct door to door survey.

The data were collected by pre designed pre tested questionnaire. The door to door survey included all individuals present in houses in the study area except those who declined to participate or whose doors were locked. The informed verbal consent was obtained from the head of the family prior to interview.

## RESULTS

A total of 1004 people were participated in the study, which included 81.57% males and 18.43% females, showing male dominance in the rural community, as almost all the households were headed by the males. Most of the families 64.84% were of joint type in nature.

The study further brings out that majority of them 48.41% belonged to 46-54 years age group, 31.37%

were educated up to high school. Around 31.18% were involved in agricultural work. Around 34.66% of them were having monthly family income between Rs. 5000 to 10000. The study explore that 44.52% were aware about the communication media like (mobile, television & newspaper). Around 66.43% were having the pakka house. 98.9% had the electricity facility, 74.80% were having adequate ventilation facility. 88.44% were having facility of safe drinking water. only 12.64% of people were having proper drainage facility and 71.61% had sanitary latrine, whereas 49.50% were having separate kitchen. Further, around 69.32 participants were using municipal van for solid waste disposal.

Around 53.88% of participants preferred allopathic system of medicine followed by Ayurveda (30%), Homeopathy (13%). The study further brings out that majority, 74.90 % of the study population preferred to go to government health care facilities while remaining 14.04% and 11.06 % preferred to visit private practitioners and pharmacies respectively.

The current study reveals common health problems among participants were respiratory problems like chronic cough, gastro-intestinal problem, skin diseases hypertension, arthritis and diabetes mellitus. Common reasons to visit the health facilities were febrile illness 33.5%, followed by knee/joints pain among 23.4% participants, hearing problems 7.9% ,gastrointestinal problems 5.6% and NCDs like diabetes 5.2% and hypertension 6.7%. [Figure 1]

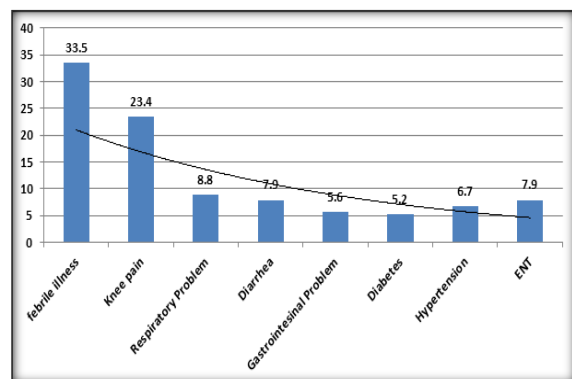


Figure 1: Current co-morbidity pattern among the study population

Table 1: Distribution of Socio-demographic characteristics of study participants

Characteristics	Frequency (n=1004)	%
<b>Age group (in years)</b>		
<30	103	10.26
31-45	265	26.39
46-54	486	48.41
>55	150	14.94
<b>Education level</b>		
Illiterate	131	13.04
Primary	165	16.43
High school	315	31.37
Higher secondary	182	18.12
Diploma courses	58	05.77

Graduate and above	153	15.24
<b>Occupation</b>		
Unskilled labourer	98.00	9.76
Skilled labourers	222.00	22.11
Farmers	313.00	31.18
Private service	111.00	11.06
Government service	121.00	12.05
Unemployed	139.00	13.84
<b>Gender</b>		
Male	819	81.57
Female	185	18.43
<b>Total income of the family in rupees</b>		
<5000	304.00	30.28
5000-10,000	348.00	34.66
10,000-20,000	209.00	20.82
>20,000	143.00	14.24
<b>Type of families</b>		
Nuclear	353	35.16
Joint	651	64.84
<b>Communication Media</b>		
News paper	348.00	34.66
Mobile	447.00	44.52
TV/Radio	209.00	20.82
<b>Type of House</b>		
Kaccha	203.00	20.21
Pakka	667.00	66.43
Semi Pakka	134.00	13.34
<b>Electricity Supply</b>		
Yes	893.00	98.90
No	11.00	01.09
<b>Ventilation</b>		
Adequate	751.00	74.80
Not adequate	253.00	25.19
<b>Source of water</b>		
Hand pump	116.00	11.55
Street tap	447.00	44.52
House tap	441.00	43.92
<b>Water Storage</b>		
Safe	888.00	88.44
Unsafe	116.00	11.55
<b>Waste water drainage</b>		
Drain	127.00	12.64
Soak pit	150.00	14.94
sewerage	449.00	44.72
<b>Solid waste disposal</b>		
Municipal van	696.00	69.32
Open field	308.00	30.67
<b>Sanitary latrine</b>		
YES	719.00	71.61
No	285.00	28.38
<b>Separate kitchen</b>		
Yes	497.00	49.50
No	507.00	50.49
<b>Food Habits</b>		
Vegetarian	482.00	48.00
Non-Vegetarian	652.00	64.94

**Table 2: Distribution of study subjects according to preference of choosing health care system**

Preferred system of medicine	Frequency (n=1004)	%
Allopathic	541.00	53.88
Ayurveda	299.00	29.78
Homeopathy	133.00	13.25
Others	31.00	3.09
<b>Type of health care facility preferred</b>		
Government hospitals	752	74.90
Private practitioners	141	14.04
Over the counter (pharmacy)	111	11.06

**Table 3: Awareness on health insurance policies and coverage among study subjects**

Awareness (n=1004)	No.	%
Yes	637	63.45
No	367	36.55

Total	1004	100.00
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**Table 4: Determinants of health care behaviour among study participants**

Reason (n=1004)	Government (n=617)		Private (n=247)		Others (n=140)		P-value
	No.	%	No	%	No.	%	
Quality of services	88	14.26	24	9.72	38	27.14	*0.001
Personal attention	64	10.37	33	13.36	16	11.42	*0.001
Cost of treatment	99	16.05	54	21.86	15	10.71	*0.001
Convenience of approach	97	15.72	30	12.15	23	16.42	*0.001
Any life threatening emergencies	114	18.48	41	16.60	26	18.57	*0.001
Fees for consultation	78	12.64	44	17.81	12	8.57	>0.05
Other reasons	77	12.48	21	8.50	10	7.14	>0.05

\*p<0.001 statistically significant

## DISCUSSION

India's healthcare system presents stark disparities between urban and rural areas. While urban centre benefit from advanced medical facilities, rural communities encounter significant challenges like lack basic healthcare infrastructure, shortage of doctors, nurses, and paramedical staff, lack awareness about preventive measures and health practices etc. As per Rural Health Statistics, 2021-22, there were 161,829 sub canters in India as of March 31, 2022 – 157,935 of which functioned in rural areas, about 24,935 PHCs were located in rural areas and there were 6,064 functional CHCs in the country – 5,480 in rural areas.<sup>[4]</sup>

The present study reveals that, out of total participants around 819 (81.57%) were males and 185 were (18.43%) females. Majority 47.80% of them were educated up to higher secondary and below, one third of them 31.18% were involved in agricultural work while 34.66% were having monthly family income between Rs. 5000-10000. Quite similar results have also been reported by Chauhan et al, in their study in a coastal area of Villupuram district in Tamil Nadu and Kumar et al in their study in Varanasi.<sup>[2,3]</sup>

Present study reveals that preference for public health care facilities by 74.90% participants over private health care sector by 14.04% participants. Study explores that around 54 % of participants preferred allopathic system of medicine followed by Ayurveda (30%), Homeopathy (13%). Similar findings have been brought out by Kumar et al, who in their study in Varanasi (Uttar Pradesh) found that 74% of the respondents sought treatment from government hospitals followed by pharmacy 20.9% and private practitioner 17.4%. In another study by Sharma et al, in Shimla 81.4% of the respondent's preferred Allopathic while 11.3% preferred Ayurveda system. Further, Patil et al, in their study in a slum in Mumbai found much higher rate 85.5% of preference for government hospitals, while only 14% respondents preferred private hospitals. High preference of utilisation of government health care services has also been reported by Sachdev et al in their study in Rajasthan and Aggarwal et al in Uttar Pradesh.<sup>[5-9]</sup>

Study explores that common reasons to visit the health facilities were febrile illness 33.5%, followed by knee/joints pain among 23.4% participants, hearing problems 7.9%, gastrointestinal problems 5.6% and NCDs like diabetes 5.2% and hypertension 6.7%. Quite similar finding were seen in a study conducted by hemant kumar et al.<sup>[1]</sup>

Present study brings out that awareness on health insurance policies and coverage was present among 63% of participants. Factors like cost of treatment, convenience of approach, quality of services, personal attention, waiting time, life threatening emergencies and consultation fee were the main determinants for preferring a particular health care facility i.e., public or private sector health care facility. All above reasons for choosing a government or private health care facility were also found to be statistically significant (p<0.001), quite similar findings were noticed by hemant kumar et al,<sup>[1]</sup> and Patil et al.<sup>[7]</sup>

## CONCLUSION

Since last one decade significant efforts have been made in improving healthcare in rural India, still numerous challenges persist. Addressing these challenges requires a multi-faceted approach that encompasses infrastructure development, healthcare workforce expansion, awareness campaigns, and targeted interventions. Bridging the healthcare gap in rural India is not just a matter of medical care; it is about ensuring equitable access to the fundamental right to health for all citizens, regardless of their geographic location or socio-economic status. The health seeking behaviour of the people is dependent on the perception of people regarding the quality of health care and services in health centres, slowly it's moving towards government hospitals which is quite satisfactory. This study explores various determinates of health which shows that still more efforts can be done through improving the quality of care, by inculcating a caring and sympathetic attitude among health professionals while dealing the patients.

### Limitations

There were few limitations in the study, only one village was targeted, out of that also only half of the population participated in this study, because of

time constraints and most of the people were farmers, daily wage labours, daily wages agriculture labours and women they used to leave the houses very early and come back very late. Another limitation was that follow up was not done which is important to analyse health seeking behaviour. Recall bias also could have influenced the findings. Hence findings of this study may not be generalized to all settings. Prospective study can be conducted with larger sample size in multiple clusters to explore health seeking behaviour of rural population.

#### **Acknowledgement**

Authors would like to thank all the participants who consented to participate in the study. Authors also thank undergraduate medical students (MBBS), interns and social health worker (MSW), ASHA workers & other para medical who helped in door to door survey and data collection.

**Source of Funding:** None

**Conflict of interest:** None

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