

Health Seeking Behavior of Adult Patients Attending OPDs of Public Sector Hospitals in Karachi

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Abstract

Objectives: To determine health seeking behavior pattern and factors associated with it in adult patients attending OPDs of public sector hospitals in Karachi.

Subjects and Methods: Cross-sectional hospital based survey conducted on 384 adult patients attending OPDs of two major public sector hospitals in Karachi, selected using convenient sampling technique. Structured questionnaire was used which included age, gender, language spoken, educational and socio-economic status, beliefs regarding illness, autonomy of the patients, symptoms, duration, severity of the illness and type of care sought. Data was analyzed on SPSS version 15; chi-sq was used at 0.05 alpha level for statistical significance.

Results: Out of 384 patients, 53%(202) were from Civil Hospital and 47%(182) from Jinnah Post Graduate Medical Centre, Karachi. Overall, there were 54%(209) males and 46%(175) females with 52% cases (199) 31-60 years old. Almost 94%(361) patients believed that headache, common cold and low grade fever are mild illnesses and do not require treatment whereas 96%(369) perceived hypertension, diabetes mellitus, numbness and fits as a serious illness which required treatment. Doctor was the first preference to seek treatment by 89%(341) with 23%(89) using home remedies and 5%(19) treated the disease themselves. About 52%(198) had free will to select their health care providers. About 84%(322) patients preferred going to public sector hospitals due to its free medicines and laboratory tests while 87%(335) used public sector hospital due to more qualified doctors and 77%(295) due to free medicines. In case of emergency 51%(195) preferred private doctors due to less waiting time from doctors visit to start of treatment. Overall 98%(375) said that they sought appropriate medical care, 1%(4) inappropriate and 1%(5) prompt care for their illness

Conclusion: Socio-economic status and health expenditure were two important determinants for health seeking behavior over-riding age, gender and ethnicity. Misconceptions' regarding illness existed among the patients.

Policy message: Government should introduce reforms in health sector especially in health financing, expenditure, and consumer behavior for the benefit of poor people.

Key words: Health seeking, age, gender, cultural factors, societal and social determinants.

Introduction

Health seeking behavior is directly related to the availability and accessibility of health facilities apart from motivations and ability of the individual to seek medical treatment¹.

Strategic policy formation in all health care systems is based on information relating to health promoting, seeking and utilization behavior and factors determining this behavior exist within the institutional structure such as family, community or the health care services which in turn rely on availability of physical assets, socio-economic, cultural and political will². Policy makers need to know and understand the drivers of health seeking behaviour of the population for designing behavioral health

promotion campaigns through inter-sectoral collaboration focusing more on disadvantaged segments of the population³.

Knowledge, attitude and practice surveys are usually conducted for health seeking behavior assuming a direct relationship between knowledge and action, but it has been found that by changing knowledge, behavior did not change. This may be due to other factors relevant for health seeking, like non-availability of health facilities, lack of drugs, lack of money to pay for treatment cost etc. There are two other essential factors which need to be considered in the relationship between knowledge and practice, these include uncertainty of illness and unrealistic behavior and this is why even good biomedical knowledge does not affect health seeking behaviour⁴. Factors responsible for the utilization/non-utilization of health care services are classified under cultural beliefs, socio-demographic, socio-economic, women's autonomy, physical and financial accessibility, disease pattern and health services⁵.

Scientists have developed health and treatment seeking models. The most commonly used model is Health

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Belief Model of Sheeran and Abraham. According to this model, action is guided by threat perception for the severity and seriousness of illness which leads to health motivation. Belief and health motivation are further conditioned by socio-demographic and psychological, a characteristic which leads to action or health seeking⁶. Other models are Health Care Utilization or Socio-Behavioral models of Anderson which used different categories of factors (predisposing, enabling and need factors) which can influence health seeking behaviour, this model was developed to investigate the use of biomedical health services⁷. Modification of Anderson model was done by Kroger in which health services system factors, referring structure and its link to country social and political macro-system is used but it omits needs factors which are essential for understanding health seeking behaviour. These models provide large data enabling to identify major factors affecting population health seeking process².

In order to develop rational policy to provide efficient, effective, acceptable, cost-effective and accessible services we need to understand the drivers of health seeking behaviour of our own population. This study was developed with the objectives to determine health seeking behaviour pattern, factors responsible and its association, among adult patients attending OPDs of public sector hospitals in Karachi.

Subjects and Methods

This was a cross-sectional hospital based survey conducted in Civil Hospital and Jinnah Post Graduate Medical Centre, Karachi. The study population included adult male and female patients attending medical OPDs of these two hospitals.

Based on anticipated population proportion of 50 percent at 95% Confidence Interval and 5 percent error level a sample size of 384 was calculated⁸. Sample distribution was 50%(192) from each hospital. Convenient sampling technique and self referral patients either suffering from acute or chronic illness were selected. Questionnaire based data collection instrument was used. Face to face data collection technique was used by Principal investigator and one research officer who took 10-12 minutes per case. Consent was obtained from the patients prior to data collection

Variables of the study were age, gender, language spoken (ethnicity), educational and socio-economic status, beliefs regarding illness, autonomy of the patients, symptoms, duration, severity of the illness and type of care sought by the patient. Total family income less than Rs. 6000/- per month was the minimum income of a laborer fixed by the government⁹.

Study was approved by Institutional Review Board of Dow University of Health Science, Karachi vide letter No IRB-121/DUHS-11 dated 15/2/2012. Permission

was also obtained from Medical Superintendent of the two respective hospitals

Data was analyzed on computer package SPSS version 15, chi-sq test was used for statistical significance.

Results

Data of 384 patients, 53%(202) from Civil Hospital and 47%(182) from Jinnah Postgraduate Medical Centre, Karachi was collected from March to May 2012.

There were 54%(209) males and 46%(175) females with 52% cases (199) falling between 31-60 years age (Table-1). Mean age of the patients was 36 STD±16.2 years, median age was 35 years and mode was 50 years.

Table 1: Patients surveyed.

Variables	Civil Hospital, Karachi n=202	Jinnah Post Graduate Medical Centre n=182	Total n=384
<i>Gender</i>			
Male	84(42%)	125(69%)	209(54%)
Female	118(58%)/202	57(31%)/182	175(46%)/384
<i>Age group (in years)</i>			
12-30	81(52%)	75(48%)	156(41%)
31-60	102(51%)	97(49%)	199(52%)
60+	19(65%)/202	10(35%)/182	29(7%)/384

Almost 30%(116) spoke Pushto language indicating that majority of the cases were from Khyber Pukhtunkhwa provinces while 55%(211) spoke other local languages like Sindhi, Baluchi or Punjabi and 15%(57) spoke Urdu (national).

Two hundred fifteen (56%) cases were illiterate, 327(85%) were residing in Karachi. The mean household size was 8 per family with only one earning member in the family in 195(51%) cases. Socioeconomic status was low in 209(54%) cases and of these 176(46%) patients stated that they could not afford treatment from their pocket.

Regarding beliefs about various diseases, 94%(361) patients believed that headache, common cold, low grade fever, diarrhoea are mild illness and not require any treatment where as 96%(369) perceived that hypertension, diabetes mellitus, fits are serious illness and require treatment. Doctors as first choice for treatment were preferred by 89%(341) patients while, 23%(89) said they use home remedies and 5%(19) said they do self treatment. Authority to select their health care provider was reported by 52%(198) patients.

Public sector hospitals were preferred for treatment by over 80% patients due to free medical

advice and tests, more qualified doctors and free medicine (Table-2) but, in case of emergency almost 50% preferred to go to private hospitals/clinics as it took them less time to reach there and start treatment.

Table 2: Reasons of selecting public sector hospital.

Variables	Civil Hospital, Karachi n=202	Jinnah Post Graduate Medical Centre n=182	Total n=384 n(%)
Free laboratory tests	164	158	322(84)
Qualified doctors	165	170	335(87)
Free medicines	151	144	295(77)
Multiple facilities	50	52	102(27)
Indoor treatment	12	5	17(4)
Multiple departments	3	19	22(6)
Near house	6	10	16(4)
Relative working in hospital	3	4	7(2)
Another patient admitted in hospital	-	16	16(4)

Out of 384 patients who attended OPDs of these two public sector hospitals, 32%(124) were suffering from acute GI or respiratory illness (less than three weeks) and 68%(260) from chronic illness like diabetes mellitus, hypertension and chronic liver disease.

Majority of the cases (98%) sought appropriate medical care (from qualified doctors) and only 1% each used traditional healers or self treated them (Table-3).

Table 3: Type of care sought.

Variables	Civil Hospital, Karachi n=202	Jinnah Post Graduate Medical Centre n=182	Total n=384
Appropriate treatment	194	181	375(98%)
Inappropriate treatment	4	-	4(1%)
Prompt treatment	4	1	5(1%)
Total	202	182	384(100%)

Chi-square was applied for statistical significance, however the results were not found statistically significant probably due to small sample size.

Discussion

In the present study the first preference for health seeking in most cases was public sector hospital though for emergencies they preferred private hospitals. Cost relating to consultation, medicines and laboratory tests were the major factors drawing these patients to public sector hospitals. Early reporting to health care facilities can reduce morbidity and mortality and also make population aware of successful adherence to health care programmes and the interaction of the patients with

the health care providers and the system¹⁰⁻¹². Pakistan spends less than 1% of its GDP on health care which is less than Bangladesh and Srilanka. In Pakistan there is clear dichotomy of the health care system with public sector financed by the state and private sector working independently for profit. Almost 76% of the health expenditure is out of pocket and this is the major reasons for the inability of a person or a family to properly satisfy their needs of health care, and is the major barrier in seeking appropriate health care³. In this study 98% patients saw doctors for their ailment and this is much higher than a study from South Africa where 67% urban and 69% rural population never visit a traditional healer.¹³ Contrary to this Hirschowitz et al reported that 33% African urban and 31% rural only visit traditional healers¹⁴. Socio-economic status was an important determinant of health seeking behavior in this study and similar results were reported from Bangladesh where socio-economic status was an important determinant of health seeking behavior overriding age and gender¹⁵. The Bangladeshi study also reported that due to poverty most elderly people relied on home remedies and similar observation were reported from a study from Karachi where elderly population of a poor urban community failed to seek health care due to financial constraints^{15,16}. Another important determinant for health seeking behavior was expenses incurred in health care or health expenditure. Over two third of the patients visited public sector hospitals due to free medicines and laboratory tests and this finding is consistent with other studies^{15,17}. The study also found that patient perceived some illness as mild and thus required no treatment while some illness was taken as serious that required treatment. Similar perceived ideas were reported in other studies done on mentally ill patients in Nigeria and on diabetic patients in Zimbabwe^{18,19}. Factors like age gender and ethnicity were not found to be related to health seeking behavior and same was reported from another study from Karachi and rural Bangladesh^{15,20}. Contrary to our findings, the household survey in Uganda showed age and gender to be related to health seeking and where 80% black African population used traditional medicine, in Vietnam ethnic population report less for their illness as compared to non-ethnic population group²¹⁻²³. The results of the present study can be explained using the Health Belief Model of Sheeran and Abraham which suggests that an individual's perceived threat (e.g. susceptibility of disease, severity of disease) and their perceived threat (e.g. cost, inconvenience) and benefit (e.g. avoid illness) will influence their likelihood of taking action (e.g. seeking behaviour)⁶.

The study concludes that appropriate care was the choice of care among studied population which heavily relied on socio-economic status and health expenditure of the family.

The Study limitations are its small sample size of 384 patients recruited from only two public sector hospitals of Karachi, so the results of this study can not be generalized unless conducted on larger sample size and in multiple hospitals

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