

CHAPTER VI

HEALTH SEEKING BEHAVIOUR OF RESPONDENTS ON FAMILY PLANING SERVICES AND STD/RTI

The public sector is the primary source of family planning services in India. About four-fifths of women who use or whose husbands use, modern methods obtain contraceptives from government sources. The government programme relies largely on clinical methods, particularly female sterilization. There is some evidence, however, that the heavy reliance on public-sector services may be changing, along with the emphasis on sterilization. The proportion of couples using private-sector sources appears to be increasing, although levels vary considerably by socioeconomic status and by state. There has been a general expectation that expansion of private-sector services will increase the outreach of India's family planning programme, enhance the programme's credibility, improve the quality of family planning services, increase the acceptability of contraceptive methods, and reduce unintended pregnancies.

One possible explanation is that women may use private-sector services not because they are of high quality, but rather because public-sector services are of poor quality or are unavailable. Another possibility is that women are more likely to obtain temporary methods from private-sector sources and that these methods are less effective than sterilization.

Because levels of urbanization and education are rapidly increasing in India, this analysis suggests that reliance on private-sector family planning services is likely to expand in the future. There is a need to ensure that private-sector services are of high quality. At the same time, the lack of correlation between relatively high private-sector use and low fertility levels suggests that India's public-sector family planning programme can increase contraceptive use and reduce fertility substantially even without major involvement from the private sector.

Providing access to health services according to need has become more complex in the context of an increasing role for private providers and, frequently, a more limited role for the public sector. Within Asia, this is perhaps most clearly evident in countries that have made the

transition from formerly centralised public administrative structures to more decentralised and market-oriented economies, as is the case in India.

Where health systems are characterised by high out-of-pocket payments and a wide range of public and private health care providers, understanding the health-seeking behaviours (HSB) of different communities and population groups is essential if adequate access to services and protection against unaffordable health costs are to be achieved

The health seeking behaviour of respondents in the present study has been understood through analysis of their behaviour on matters related to personal hygiene and nature of hospital visits to seek immediate treatment when necessary. The matters of personal hygiene considered are a). Frequency of taking bath, b) availability of toilet facility, c) Use of soap while taking bath, d). Frequency of urination in a day, e). washing or organs immediately after sex and f). Type of cloth used during menstruation. The timely of treatment seeking behaviour determine early cure of disease without complication. Further, the cure of disease depends upon type of hospital visited and type of doctor consulted. The source of family planning services from which respondents are getting supplies and treatment were also considered to understand the overall nature of health seeking behavior.

The nature of behavior of respondents on different health aspects is presented in the table No.6.1

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Table 6.1

Health Seeking Behaviour of Respondents

Sl.No.	Health aspects	Nature of behaviour	
A	Personal Hygiene		
1	Frequency of Taking Bath	Daily 598(99.7 %)	Alternative days 2 (0.2 %)
2	Toilet Facility	Yes 234(39.0 %)	No 366(61%)
3	Use of Soap while taking bath	Yes 509(84.8 %)	No 91(15.2%)
4	Urination in a day	Less than three times 83 (13.8 %)	More than three times 417 (83.7%)
5	Washing organs immediately after sex	Yes 271 (45.2 %)	No 329(54.8%)
6	Type of cloth used during menstruation	Branded 241(48.2 %)	Reuse of old clothes 259(51.8 %)
B	Visit hospital for gynaec check up STD/RTI		
7	Frequency of visit to Hospital for Gynaec check up/STD	Once in three months 372(62 %)	Once in six months 228(38 %)
8	Type of doctor contacted for gynaec check up for STD	Gynecologist 379(63.2 %)	Civil Surgeon 221(36.8 %)
9	Contact of Ayurvedic doctor for gynaec problem /STD	Yes 174(14.8 %)	No 426(85.2 %)
10	Apply of Self medication for STD	Yes 71 (14.2 %)	No 429 (85.8 %)
C	Family planning services received		
11	No of pregnancies so far	2 and less 35(22.5 %)	3 and above 465(77.5 %)
12	MCH services received	Govt. Hospital 371(61.83 %)	Private 229(38.17 %)
13	Family Planning services received from	Govt. Sector 401(66.83 %)	Private Sector 199(33.71%)
14	Frequency of MCH visits to hospital	As per schedule 301 (50.1%)	Partially as per schedule 299 (49.9%)
15	Immunization to children	As per schedule 392 (65.4%)	Partially as per schedule 208 (34.6%)

A. HYGIENE

Personal hygiene is very important as far as health is concerned. Higher the practice of personal hygiene better will be the good health. The nature of maintenance of personal hygiene by respondents is as follows.

1. Frequency of Taking bath

Bathing is one of the good practices of hale and wholesome life. The number of bathing people take per day varies from person to person depending upon the circumstances and need. It was good to notice that almost all respondents were reported of taking bath every day.

2. Use of Soap while taking bath

Use of soap while taking bath is dire essential to remove dirt the body possesses generally. Around 84 per cent are using soap during bath which indicates that the respondents have lot of awareness of ob personal hygiene

3. Toilet Facility

Sanitation is one of the important aspects of healthy life. But unfortunately many people in Andhra Pradesh generally may not have toilet facility. In the study area also, toilet facility is available only for 39% of respondents.

4. Urination in a day

People urine daily and it shows healthiness of the people. It urination is more than three times; it indicate some health problems like diabetes. In the present study, 83% of respondents are urinating only 3 times per day.

5. Washing organs immediately after sex

Washing the genital organs after sex is sound practice for good health as washing eliminates the viruses if any. The information on whether the respondents and their

spouses wash genital organs after sex has been elicited. Only less than half (45%) of respondents were reported of washing genital organs immediately after sex.

6. Type of cloth used during menstruation

Women use different types of material during menstruation and the material varies from person to person basing on the opulence, availability, convenience etc. The information on the type of cloth used during menstruation by the respondents has been elicited. However, only half of the respondents are using branded cloth during menstruation.

B. VISIT TO HOSPITAL OF STD/GYNAEC CHECKUP:

7. Frequency of visit to Hospital for Gynaec check up/STD

Regard to frequency of visiting hospital for gynec check for STD, 74 per cent is visiting once in three months and remaining 38 per cent have visited once in six months.

8. Type of doctor contacted for gynaec check up for STD

Around 37% of respondents are contacting civil surgeon for STD/Gynaec problem which show the less an awareness among respondents. More awareness poor are to be organized in rural areas to contact right doctor.

9. Contact of Ayurvedic doctor for gynaec problem /STD

Ayurvedic medicine has being gaining popularity. More than 85 per cent were visiting allopathic hospitals while only 15 per cent used ayurvedic hospital in this regard.

10. Apply of Self medication for STD

Some people apply self medication for STDs. It is observed that still 15 per cent are following self medication.

C. FAMILY PLANNING SERVICES:

11. No of pregnancies so far

In the life of woman, she may go for number of pregnancies as some may be fruitful and some may go for abortion. The information on the number of pregnancies the respondents got in their life has been elicited. With regard to number of pregnancies so far, only 22 per cent reported of 2 and less and the remaining 77 per cent reported as 3 and above.

12. MCH services received

Regarding receiving of MCH and Family planning services, 61 per cent got from government hospital, while the remaining 39% approached private hospital.

13. Family Planning services received from

Women practice different types of family planning methods for good and healthy life. Women go to both private and public clinics depending on their choice and trust on the institute and doctor. Here more than 35 per cent have preferred private clinic for MCH and FP services.

14. For MCH care, there is schedule of time for treatment. In the study area, only half of the respondents (50.1%) strictly followed the schedule and the remaining followed only partially.

15. For immunization of children, strict schedule has to be observed. Among the respondents 65% adhered to the schedule.

INDEX ON HEALTH SEEKING BEHAVIOUR

The health seeking behavior of respondents cannot be understood based on their reaction to one health aspect, as it depends on many related aspects. Hence it is appropriate to construct an index based on related aspects of personal hygiene and type of 'treatment seeking' to understand the nature of general health seeking behavior of the respondents. Altogether 15 aspects were considered to construct the index which was shown in the Table

The score for the 15 variables lies between 0 -15 and the difference in the range was 15. Based on the responses to the aspects shown in the table, the respondents were grouped into three categories as followed.

Table.6.2: Nature of health seeking behaviour

Sl.No.	Score	Nature of health seeking behavior
1	5 & less	Poor
2	6 - 10	To some extent
3	11 and above	Good

Index on Health seeking behavior

Table .6.2.1: Nature of Health seeking behaviour of the respondents

Sl.No.	Nature of Health seeking behavior of the respondents	
1	Poor	179 (29.8%)
2	To some extent good	197 (32.8%)
3	Good	224 (37.3%)

After division of respondents based on above scores, it was noticed that the health seeking behaviour of ‘one third’ of respondents (30%) was ‘poor’ and it was ‘to some extent good’ for 32% of the respondents. It was ‘good’ for the remaining 37 per cent. Thus, the Nature of Health Seeking Behaviour of nearly one third of the respondents was poor which has to be visualized seriously.

DETERMINANTS OF HEALTH SEEKING BEHAVIOR

The nature of health seeking behavior generally depends upon the level of awareness, and affluence of people. In many cases, the socio-economic background influences the nature of health seeking behaviour.

In this chapter, an attempt was made to understand the influence of a) Present Age b) Residence c) Occupation d) Education e) Type of Family and f) Annual Income of respondents on Health seeking behaviour.

Age and Health seeking behaviour of Respondent

The association between present age of respondents and nature of health seeking behavior is presented in the table below.

Table 6.3
Age and Health seeking behaviour of Respondent

Sl.No.	Age	Health seeking behaviour			Total
		Poor	To some extent	Good	
1	Below 25 years	50	46	42	138
		36.2%	33.3%	30.4%	100.0%
2	25 - 30 years	31	25	50	106
		29.2%	23.6%	47.2%	100.0%
3	30-35 years	59	58	66	183
		32.2%	31.7%	36.1%	100.0%
4	Above 35 years	39	68	66	173
		22.5%	39.3%	38.2%	100.0%
Total		179	197	224	600
		29.8%	32.8%	37.3%	100.0%

Chi-square value-15.01*, p-value-0.020

A positive association between present age of respondents and nature of health seeking behavior was observed in the present study. The good nature of health seeking behavior increased with increase in age. Only 30% of respondent aged below 25 years followed good nature in this regard as against 38% of those aged above 45 years.

The Chi-square value is significant at 5 per cent level and hence it can be inferred that there is a substantial association between age of the respondents and their health seeking behavior.

Residence and Health Seeking Behaviour of Respondent

In order to know whether the residence has any bearing on health seeking behaviour of respondent, the association analysis has been computed and the results are presented in the Table

Table 6.4
Residence and Health Seeking Behaviour of Respondent

Sl.No.	Residence	Health Seeking Behaviour			Total
		Poor	To some extent	Good	
1	Rural	114	86	112	312
		36.5%	27.6%	35.9%	100.0%
2	Urban	65	111	112	288
		22.6%	38.5%	38.9%	100.0%
Total		179	197	224	600
		29.8%	32.8%	37.3%	100.0%

Chi-square value-15.65**, p-value-0.05

As per the above table, the nature of Health seeking behavior is better among urban residents compared to rural residents. Around 39% urbanities were following 'good' nature of health seeking behavior as against only 36% of the ruralities. Thus, the residential background of respondents has bearing on Health seeking behavior. The Chi-square value is highly significant at 1 per cent level and hence it can be inferred that there is high level relation between residence type of the respondents and their health seeking behaviour. Hence it can be inferred that the residence of the respondents has lot more impact on their health seeking behaviour.

Occupation and Health Seeking Behaviour of Respondent

In order to know whether the occupation has any bearing on health seeking behaviour of respondent, the association analysis has been computed and the results are presented in the Table

Table 6.5
Occupation and Health seeking behaviour of Respondent

Sl.No.	Occupation	Health Seeking Behaviour			Total
		Poor	To some extent	Good	
1	Labourer	45	56	44	145
		31%	39%	30%	100%
2	housewives	116	112	133	361
		32%	31%	37%	100%
3	Self employment	6	7	7	20
		30%	35%	35%	100%
4	Part-time employed	8	16	28	52
		15%	30%	55%	100%
5	Employed	4	6	12	22
		18%	27%	54%	100%
Total		179	197	224	600
		29.8%	32.8%	37.3%	100.0%

Chi-square value-55.60**, p-value-0.05

A positive association between occupational status and nature of health seeking behavior is clearly noticed in the study. The health seeking behavior is 'good' among those with higher occupational status and vice versa. More than half (54%) of employed respondents are practicing 'good' health seeking behavior followed by 55% of part time employees & only 37% of house wives, and 30% of labourers. Thus, occupational status is bearing high influence on natural health seeking behavior of respondents. The chi-square value is 0.5 and the association is significant.

Education and Health Seeking Behaviour of Respondent

The relation between educational status of respondents and their health seeking behavior is presented in the table below.

Table 6.6
Education and Health Seeking Behaviour of Respondent

Sl.No.	Education	Health Seeking Behaviour			Total
		Poor	To some extent	Good	
1	No formal education	84	57	38	179
		47%	31%	21%	100.0%
2	Primary	44	29	23	96
		46%	30%	23.9%	100.0%
3	Secondary	32	85	81	198
		16.2%	43%	40.8%	100.0%
4	Higher education	19	26	82	127
		14.9%	20.5%	64.6%	100.0%
Total		179	197	224	600
		29.8%	32.8%	37.3%	100.0%

Chi-square value-6.820, p-value-0.01

A clear positive association between Nature of health seeking behavior and Educational level of respondents is noticed in the study. Around 65% of those educated up to degree & above practiced 'Good' nature of health seeking followed by 40.8% of those educated up to secondary levels, as against only 21% of illiterates. Thus, the level of education has good bearing of nature of health seeking behavior. The chi-square value is 0.01 and the association was highly significant.

Family Type and Health Seeking Behaviour of Respondents

The association between type of family of respondents and health seeking behavior is presented in the table.

Table 6.7
Family Type and Health Seeking Behaviour of Respondents

Sl.No.	Family type	Health Seeking Behaviour			Total
		Poor	To some extent	Good	
1	Nuclear	141	149	176	466
		30.3%	32.0%	37.8%	100.0%
2	Joint	38	48	48	134
		28.4%	35.8%	35.8%	100.0%
Total		179	197	224	600
		29.8%	32.8%	37.3%	100.0%

Chi-square value-0.701, p-value-0.01

The nature of health seeking behavior is noticed as good among respondents from nuclear family compared to that of joint family. Nearly 38% of those hailing from nuclear families were practicing 'good' nature of health seeking behavior as against only 35.5% from joint families. The chi-square value is 0.01 and the association is significant 1% level.

Annual Income and Health Seeking Behaviour of Respondents

The relation between annual income of the respondents and health seeking behavior is presented in the table below.

Table.6.8
Annual Income and Health Seeking Behaviour of Respondent

Sl.No.	Annual income (Rs.)	Health Seeking Behaviour			Total
		Poor	To some extent	Good	
1	<50000	10	6	5	21
		47.6%	28.6%	23.8%	100.0%
2	50001 - 100000	51	58	95	204
		25.0%	28.4%	46.6%	100.0%
3	100001 - 150000	48	57	54	159
		30.2%	35.8%	34.0%	100.0%
4	150001-200000	18	24	22	64
		28.1%	37.5%	34.4%	100.0%
5	>200000	52	52	48	152
		34.2%	34.2%	31.6%	100.0%
Total		179	197	224	600
		29.8%	32.8%	37.3%	100.0%

Chi-square value-14.814, p-value-0.063

Good health seeking behavior was noticed more among higher income groups compared to those with annual income of less than 50,000/- per year. Only 24% of respondents with income of less than 50,000/- followed good practice of health seeking as against 32% of those with income of more than 2,00,000/- . The association is significant at 1% level as the chi-square value is 0.01.

Thus, the socio-economic background characteristics of respondents, viz. Age, Education, Occupation, Residence, Type of Family and Annual Income proved to be having good influence Health seeking behavior of Respondents.