

Understanding health seeking behavior

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ABSTRACT

Leaving conventional “Dai” assisted home delivery to opt for institutional delivery is not unusual followed by shift from rural to urban living. However, this case, in particular, is oddly different. Hence, a deeper insight is warranted leading to a view that is unique. While analyzing the reasons it stands as a pointer in policy formulation, a necessity to understand such cases. Health belief model is applied in arriving at the inferences. It is often not just what is offered that makes bait but how it is perceived by the recipient matters. This can be visualized by this case study.

Keywords: Health belief model, health seeking behavior, mass media, policy formulation

Introduction

As developing countries begin to meet the first round of public health goals, they should put in place policies that anticipate the next. According to recent reports, progress on frontline issues has been good: Both the maternal mortality rate and the mortality rate for children under five have nearly halved since 1990. There is much progress yet to be made on these indicators, in developing countries, meagre resources, and weak healthcare systems create very different but equally challenging cost-benefit questions. Add to that the fact that some clearly cost-effective solutions – do not work as anticipated when they come up against human behavior.^[1]

Health seeking behavior is preceded by a decision-making process that is further governed by individuals and/or household behavior, community norms, and expectations as well as provider-related characteristics and behavior.^[2]

Health or care seeking behavior has been defined as any action undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy.^[3]

For this reason, the nature of care seeking is not homogenous depending on cognitive and noncognitive factors that call for a contextual analysis of care seeking behavior. Context may be a factor of cognition or awareness, sociocultural as well as economic factors.^[4]

The health belief model (HBM) proposes that whether a person performs a particular health behavior is influenced by two major factors: The degree to which the disease (negative outcome) is perceived by the person as threatening and the degree to which the health behavior is believed to be effective in reducing the risk of a negative health outcome. The first factor, i.e., perceived threat, is determined by whether someone believes he or she is susceptible to (that is, likely to get) the disease, and how severe that person believes it would be if it developed. The second factor, perceived effectiveness of the preventive behavior, takes into account not only whether the person thinks the behavior is useful, but how costly (in terms of money, time and effort) it is to carry out the preventive behavior. Hypothesis generated by the HBM have been generally supported by research. When health messages demonstrate to people that there is a real threat to their health and also convince them that a particular behavior can reduce their risk, the likelihood of behavior change is greatly increased.^[5]

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Case Report

One family of seven members residing in Tripuri - the field practice area of Medical College, is considered as the present case study material. The family comprised of husband, wife, and five children (first two children are females, third male child, fourth female, and the last one is male). Husband though illiterate was vocationally trained painter and wife is matriculate but employed as house help.

While the first four deliveries were conducted at home by traditional birth attendant (Dai) only, for the fifth pregnancy she visited community health center and delivery was conducted there. It is pertinent to note that her mother was a Dai. A person having belief in traditional system for the first four pregnancies and resulting deliveries changed her behavior from a time-tested system to a newer approach and behavior. On asking for the reasons, she presented with two main reasons. First, she had pain and so was scared of complications, the other reason being monetary. Many factors influence an individual's decision to engage in valuable health behaviors; not the least of these are beliefs, attitudes, and intentions.

Discussion

On an analysis of this case, the following points came into limelight. The female is matriculate and better placed than illiterate husband, especially in decision-making. However, she opted for traditional home delivery assisted by Dai, may be for two reasons, i.e., rural habitat and her mother happened to be a Dai. This displays a belief pattern typically existing in rural and semi-urban females. The conditions have become different by the time she was pregnant the fifth time. She lost her maternal support as her mother expired after the third child but the fourth child was also delivered by Dai at home. She migrated from rural Uttar Pradesh to Punjab urban slums only just before the delivery of the fourth child. The rural to urban shift could not affect the decision so soon. However, the urban and media effect became pronounced by the time of the fifth child.

Here comes the factors responsible for visible change in her health seeking behavior and reflects decade of experience in her family life, shift to urban slum from rural environs apart from the all invasive effect of media in publicizing the government's efforts in improving maternal health care by providing free and prompt ambulance service and monetary benefits in the form of Janani Suraksha Yojana, etc., for institutional deliveries.

In this case, she was afraid of complications, knew about the availability of maternal and child health services at community

health center coupled with economic reasons at that time led to change of her behavior.

Conclusions

Thus, client based factors, provider-based factors caretaker perceptions; social and demographic factors, cost, social networks, and biological signs and symptoms work synergistically to produce a pattern of health seeking behavior. The case presently studied points to certain aspects such as these.

Designing any health policy is essentially pivoted by these important feedbacks and the results rely upon timely and perfect implementation. It is not just making something new available but making it attractive enough for the stakeholders to seek. This is affected positively by wide publicity on media; especially digital one as print media attracts only the educated while digital media such as TV and radio penetrates into all sections of the population. Publicity of programs is not only need but a vital component in achieving the goal. This fact is evidenced in this case study; wherein the lady is impressed by the newer facilities provided by the government, but it took time. The offer of financial support is also taken when it is laced with needed services like free ambulance both ways, for example.

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Conflicts of interest

There are no conflicts of interest.

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