Original Article

FACTORS AFFECTING HEALTH SEEKING BEHAVIOR AND MEDICAL PLURALISM AMONG RURAL POPULATION: IMPLICATIONS FOR HEALTHCARE PROFESSIONALS

Nanjunda*

UGC-CSSEIP Centre, University of Mysore, Mysore

ABSTRACT

Background and Objective: *Health is one of the prime concerns of mankind. Normally the context in which an individual lives it is of very vital and significant for his/her health status and quality of life. The objective of this study is to find out factors affecting health seeking behavior and medical pluralism among the rural population.*

Method: *A Total of 800 rural household samples had been selected for the study from the four districts of Karnataka using multistage stratified random sampling technique*

Result: *There are some external determinants like level of education, caste, social status, culture, etc which can decide the health status of any person including environmental, local hospitals, behaviour of the doctors, infiltration of technologies etc. Also it significantly depends on some internal factors including his /her inherited health culture, family background, geography, etc. Medical pluralism has mixed success in the studied area.*

Conclusion *: it is found that rural have unique health seeking behavior and mixed opinion about medical pluralism. A lot of internal external factors have been associated with their changing health behavior. This paper reveals factors like changing the level of education, occupation, new developmental activities etc affecting health seeking behavior of the rural people and medicalisation are strongly hitting the traditional medicinal system in the rural areas.*

Key words : *Culture, Health, Health behavior, Medical pluralism, Rural medicine*

INTRODUCTION

Health is a pre-requisite for human development and is essentially concerned with the well being of the common man. Health is not only related to medical care but an integrated development of an entire human society. Health is not only a stable state of physical and natural well being but also in a true sense it involved the various other complex issues. As it is widely known that, Health is one of the imperative indicators shimmering the excellence of human life since time immemorial. Healthy community is very vital because it can set the destiny of the any society or country. Also healthy human resources lead to any type of development or any kind of achievement etc. Health is a very vital integrated component of an individual. Sometime collapse of health may even lead an individual towards an early death. Like this, unhealthy community may be a hinder for the holistic development of any society. Poor health status of any community may isolate that community from the national mainstream.[1] Even though rural society is small and simple has his own inherited health beliefs and practice concerning various health disorders and institutions. A more simple we can say health culture of an any society will consists of 3 major components.

1. Illness ideology
2. Body symbolism and
3. Ritual healing.

This health culture is a part of the sub culture with in a totally of population. This health culture will be a wider complex of the knowledge including roles, norms, values ideologies ,practice, rituals, etiology, local healers etc All these together responsible for having a particular type of health behavior hence in more precise term health culture can be termed as learned health behavior to separate it. From the aspect of health behavior caused by carious biological stimulation. Obviously health culture of a particular society will influence on the another society in the due course of time, this result in each are every unique health culture developing and main tainting its own distinctive practice.[2]

Health behavior is a type of social behavior mainly influenced by the various socio-cultural issues. Understanding a disease/illness is not a medical subject rather it is mainly reliant on the common information of the concerned community. Also it would be vital to study HSB, from local community point of view. It is also opined that while studying HSB we need to focus on patient decision making within a given social and cultural context. Experts opines [3] "Medical Pluralism is an adaptation of more than one medical system or simultaneous integration of orthodox medicine with complementary and alternative medicine (CAM).." Medical pluralism is a part and parcel of socially stratified and culturally diverse nature like rural society.[4]

MATERIAL AND METHODS

Objectives:

CORRESPONDING AUTHOR

Dr. NANJUNDA

Faculty Member

UGC-CSSEIP Centre, University of Mysore, Mysore

Email: anthroedit@ymail.com

1. To study the socio economic and the demographic profile of the studied population
2. To find out the various factors(caste, economic status etc), affecting treatment seeking behaviour and medical pluralism

This study had been conducted in the following Four districts (rural) of South Karnataka 1.Chamrajanagar Districts 2. Hassan 3.Coorg Districts 4.Kolar Districts were selected based on the recent health and family welfare survey. A Total of 800 household samples had been selected for the study using Multistage Stratified Random Sampling Techniques.

The proposed research study had Five major methodologies;

1. Survey;

2. Community Norms Study ;

3. Institutional Ethnography (NGOs /PHCs / Bureaucratic Perspective);

4. Content Analysis ;

5. Case Studies

1. Date collected using Survey (with scheduled questioners) , 2. Interview (structured interview) 3.Case Study (using observations & unstructured interviews techniques). Participant observation (during rituals as an observer) have been followed . Survey was conducted among carefully chosen samples of 800 households. This survey had been carried out with scheduled questionnaires (194) covering the main themes. Respondents were asked to just describe the symptoms in his/her own words (lay perception) and later on classified with the help of a Physician. Here disease/illness had been just used as references for revealing specific health seeking behavior /health care seeking behavior of the respondents. Standardized survey questioners and interview schedules were used prepared by Metlab Demographic and Health Surveillance System.[2] International Classification of Diseases Health Related Problems (WHO,2004). Few in-depth case studies was done. Participant observation in case of household health rituals we also made

Sampling technique :

Multistage stratified random sampling technique was adopted for the selection of the villages from the Four districts for the current study. In first stage, Four (4) rural blocks were selected from each studied Four rural districts i.e 1 Hassan, 2.Kolar, 3.Chamrajanagar and 4.Kodagu districts on the basis of good, average and poor performance in RCH (reproductive and child health survey-2010) as per achievement of indicators during the previous assessment year and following discussions with the district health officials. In the second stage, in each district 4 sub-centers (one each from the different PHC jurisdiction areas of the identified blocks) were randomly selected from the each Four blocks. Likewise 16 sub-centers were selected out of the total 93 sub-centers in all Four studied districts of the state.

In the third stage from each of the 16 selected sub-center areas, one sub-center headquarter (HQ) village and one non-HQ village were also randomly selected. Likewise 16 villages comprising 8 HQ and 8 non-HQ were identified out of total 50 villages in the identified sub-center areas from all the Four districts. From the each village a total of 50 Household samples have been selected for the current survey. Totally 16 villages, 800 households were selected for the current study. Further Five reputed NGOs working for the rural health care and for the case study purpose 25 local healers were also included based on the purposeful sampling technique for an in-depth study. Few PHCs and sub centers were also consulted.

The qualitative data has been analyzed using NUD*IST database software and the quantitative data

Table-1 : Socio-economic Profiles of the Respondents

Variables	N=800	Percentage
Age		
Just above 25	90	11.25
25-30	120	15
30-35	245	30.6
Above 35	345	43.1
Gender		
Male	451	56.3
Female	349	43.6
Educational level		
Primary education	368	46
High school	122	15.2
College	21	26.2
Illiterates	289	36
Family Income (in Rs.)		
5,000-7,000	411	51.3
7,000-10,000	213	26.6
Above 10,000	176	22
Caste		
SC	289	36.1
ST	45	5.6
OBC	367	45.9
Others	99	9.9
Marital Status		
Married	679	84.8
Unmarried	87	10.8
Widow/widower	34	4.2
Level of occupation		57.8
Primary	463	57.8
Secondary	252	31.5
Service	85	10.6

have been analyzed using Minitab (2011) software. The thematically indexed discourse from various interviews, case studies and focus groups had been converted into an extended set of dummy variables and entered into the minitab database. Further, descriptive statistics, including standard deviation (SD), frequency and percentage were used to analyze the socio-demographic characteristics of the respondents. Chi-square had been used to examine the association between non-parametric variables. The Crosstabs procedure forms also used wherever necessary. To maintain the confidentiality of the participants codes were used by the researcher and ethical Clarence were obtained

Description about Variables :

1. Opinion about effect of caste was classified focusing major case groups including SC/ST/OBC
2. Treatment option was classified focusing Ayurvedic/, Homeopathy/, Sidda, Uani and the Western
3. Effect of uncovered determining factors was classified focusing was classified focusing Social Support, Networks, Social Environments, Physical Environments, Personal Health Practices etc
4. Opinion about effect of economic status effects was classified Low, Middle , High, and Elites groups
5. Treatment patterns was classified focusing Income , Occupation, Level of Education Gender, Social networks etc

RESULT

In case of demographic composition 30% are belonging to the age group of 30 - 35 years whereas 43% are belonging to the age group of above 35 years. In gender wise 56% were male and 43% were females. Next, 46% are them have completed primary education and 36% are illiterates. Further, 51% of them are having the monthly income of Rs. 7000/ whereas 22% of them have an income an income of above Rs.10000/- pm. Next, it is found that 36% of them belonging to Scheduled caste and 45% belong to the other backward castes group. It is also noted that 57% of them are working in primary sector and 10% are in service sector (Tab-1). In case of opinion about influences of socio-economic status on health seeking behavior it is found that 25% of them opined economic status effects very much effects whereas 25% opined social status does affects health seeking behavior while 24% opined caste plays an imperative role. Next 7% of the respondent's opined social network is a crucial issue while 7% of them felt gender plays a vital role and 8% of them said level of education plays very crucial (Tab-2).

Regarding percentage distribution of treatment option by Caste, Religion and Age characteristics 45% of SC/ST people inclined for folk medicine 21% for western 17% for self and 15% for Ayurvedic/ homeopathy. In case of OBC group 24% inclined for folk medicine 47% for western 19% for self and 8% for Ayurvedic/ homeopathy. In case of religion wise(Hindu) reply 29% inclined for folk medicine 49% for western 10% for self and 11% for Ayurvedic/ homeopathy. In case of Muslim 33% inclined for folk medicine 50% for western 8% for self and 8% for Ayurvedic/ homeopathy. Further, In the age group of 20-35 it is found that 26% % of them inclined for folk medicine 63% interested in western 5.8% would like to opt self medications and 3% for Ayurvedic/ homeopathy. And in the age group of 30-45 it is found that 24% of them inclined for folk medicine 68% interested in western 5.8% of them would like to opt self medications and 1.9 % for Ayurvedic/ homeopathy (Tab-3). Regarding economic group wise opinion about causing illness/diseases 31% low, 8% middle class 10% higher class and 11% elites respondents opined Cosmology powers are the main responsible for causing any sort of health problems. Next 11% low 45.% middle class 47% higher class and 61% elites people felt Pathogenic are the main responsible for causing any kind of health problems. Further, 14% low 21.% middle class 21% higher class and 11% elites felt Unhygienic conditions in the rural parts are the main responsible for causing any type of health problems. Subsequently 22% low 14.% middle class 9% higher class and 7% elites felt are the Humeral imbalance is the main responsible for causing various health problems (Fig 1)

Regarding factors determining different treatment patterns of the respondents 18% of them alleged income and occupation 22% said education 50% opined gender

Table -2 : Opinion about Influences of Socio-Economic Status about Health Seeking Behavior of the Respondents

Response	Frequency	%
Economic status affects very much	200	25
Social status does affects	201	25.1
Caste plays an imperative role	195	24.3
Gender counts s a lot	56	7
Social network is a crucial issue	58	7.2
Level of education is most vital	67	8.3
All the above	23	2.8
Total	800	100

Table-3 : Percentage Distribution of Treatment Option by Caste, Religion and Age

Characteristics		Treatment options										
Category	Subgroups	Folk Medicine		Western		Home/Self Medication		Ayurvedic/ Homeopathy		Total	X^2	p
		Frequency (f)	%	f	%	f	%	f	%			
Caste	Scheduled Caste/Tribe	93	45.1	44	21.3	37	17.8	32	15.5	206	11.595	0.03
	Backward Castes	70	24.6	136	47.8	54	19	24	8.4	284		
	Others	61	19.6	180	63.3	49	17.2	20	6.4	310		
	Total									**800**		
Religion	Hindu	229	29.6	379	49	78	10.1	86	11.1	772	703.606	<0.001
	Muslim	8	33.3	12	50	2	8.3	2	8.3	24		
	Others	1	25	2	50	0	----	1	25	4		
	Total									**800**		
Age	20-35	45	26.6	107	63.3	10	5.8	7	3.5	169	150.139	<0.001
	30-45	123	24.2	345	68	30	5.9	10	1.9	508		
	45-65	43	35	66	53.6	6	4.8	8	5.2	123		
	Total									**800**		

Table-4 : Percentage Distribution of Factors Determining Different Treatment Patterns of the Respondents

	Determining Factors											
Variables	Western		Folk Medicine		Ayurvedic		Homeopathy		Home remedy		X^2	P
Factors	f	%	f	%	f	%	f	%	f	%		
Income and Occupation	10	18.5	22	22.6	22	50	21	23.8	12	6.8	38.51	<0.001
Education	14	25.9	15	15.4	6	13.6	10	11.3	6	10.5		
Gender	5	9.2	12	12.3	4	9	14	16	11	192		
Social networks	5	9.2	15	15.4	5	11.3	12	13.5	13	22.8		
Social status	14	25.9	11	11.3	2	4.5	8	9	12	21		
Other	2	3.7	13	13.4	2	4.5	12	13.5	3	5.2		
Total	**54**	**100**	**97**	**100**	**44**	**100**	**88**	**100**	57	100		

and 23% of the respondents felt social network influences in opting western type of western medicines. Next, 25% of the respondents felt income and occupation 15% of them said education 13% of them said gender 11% said social network influences in opting folk medicine. Next, 9% of them said income and occupation 12% of them said education 9% said gender 16% of them said social network influences in opting Ayurvedic system. Subsequently 9% said income and occupation 12% said education 9% said gender 16% said social network influences in opting Homeopathy health cares system (Tab-4). In case of economic group wise opinion about medical pluralism it is found that 51% of low income group 32% of medium 25% if high and 30% elites opined medical

Tab-5 : Economic Group Wise Opinion about Medical Pluralism

Category	Low		Medium		High		Elites		X^2	P
	f	%	f	%	f	%	f	%		
It is more useful to the poor patients	203	51.1	90	32.1	25	25.7	8	30.7		
Gives More options to the patients	58	14.6	54	19.2	24	24.7	6	23		
Rate of success of healing will be more	78	19.6	67	23.9	10	10.3	5	19.2	**71.12**	<0.001
All the above	40	10	34	12.1	27	27.8	5	19.2		
May lead low quality	8	2.01	24	8.5	8	8.2	1	3.8		
Create more confusion to the patients	10	2.5	11	3.9	2	2	1	3.8		
Total	**397**	**100**	**280**	**100**	**97**	**100**	**26**	**100**		

Table-6 : Effect of Uncovered Determining Factors on Health Seeking Behavior Patterns of the Respondents

	Determining Factors											
Factors	**Social Support Networks**		**Social Environments**		**Physical Environments**		**Personal Health Practices**		**Quality of Health care Services;**		x^2	P
Category	**f**	**%**	**f**	**%**	**f**	**%**	**f**	**%**	**f**	**%**		
Western	35	35.1	26	18.5	35	25.7	15	8.8	105	41.3		
Folk medicine	28	28	53	37.8	36	26.4	74	43.5	47	18.5		
ISM	10	10.1	23	16.4	24	17.6	44	25.8	25	9.8		
Over the counter	10	10	25	17.8	15	11	12	7	45	17.7	**116.791**	<0.001
Home remedy	11	11	6	4.2	22	16.1	18	10.5	24	9.4		
Faith healer	4	4	4	2.8	2	1.4	4	2.3	4	1.5		
Other	2	2	3	2.1	2	1.4	3	1.7	2	0.7		
Total	**100**	**100**	**140**	**100**	**136**	**100**	**170**	**100**	**254**	**100**		

pluralism is more useful to the poor patients. However, 14% of low income group 19% of medium 24% if high and 23% elites opined medical pluralism gives more options to the poor. Next, 19% of low income group 23% of medium 10% if high and 19% elites opined rate of success of healing will be more in case of medical pluralisms. However, 2% of low income group 3% of medium 2% of high and 3.8% elites opined medical pluralisms crates more confusion to the patients (Tab-5).

Regarding uncovered determining factors on health seeking behavior patterns of the respondent it is found that 35% said Social Support Networks 18% felt Social Environments 25% felt Physical Environments8% felt Personal Health Practices And 41% felt Quality of Health care Services in opting western healthcare. Further, 35% said Social Support Networks 28% felt Social

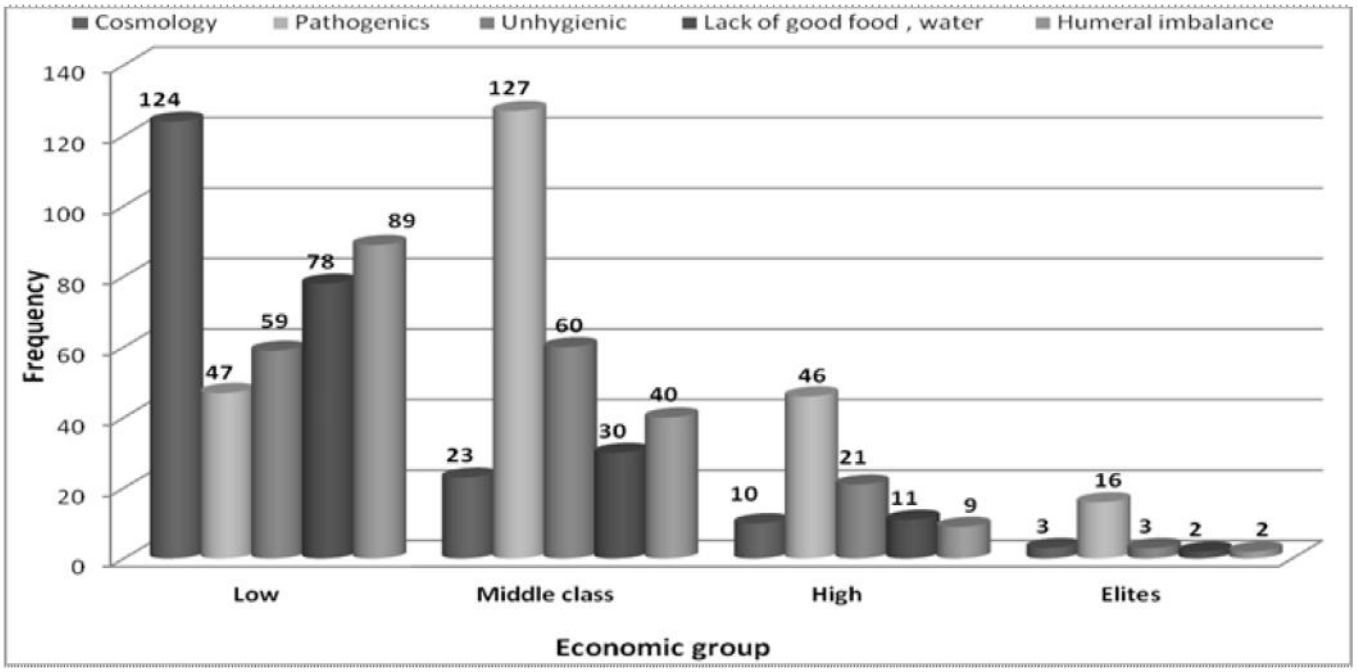

Fig.1: Opinion about Influences of Socio-Economic Status on Health Seeking Behavior of the Respondents

Environments 37% felt Physical Environments 26% felt Personal Health Practices And 43% felt Quality of Health care Services in opting folk medicine. Further, 10% said Social Support Networks 17.8% felt Social Environments 11% felt Physical Environments 7% felt Personal Health Practices And 17% felt Quality of Health care Services in opting over the counter system. Next, 4% said Social Support Networks 2.8% felt Social Environments 1.4% felt Physical Environments 2.3% felt Personal Health Practices And 1.5 % felt Quality of Health care Services in opting faith healers to cure their health issues (Tab-6).

DISCUSSION

Health is an inevitable aspect of in any bodies' life. Today levels of education are rapidly increasing in rural areas. Like other studies this study has also found level of education also significantly affects on the health status of any community.[5] This study has also showed that as educational level increases, awareness about various health issues are also increases. Hence people are escaping from various diseases. Regarding occupational status, the majority of them are working in primary sector followed by secondary and tertiary sector. This study has revealed that respondents' having a good occupation can get more income and they can have more improvised health behavior, consistent income also plays a vital role in having a quality healthy life. Also occupational status has a closer link in accessing the modern health care facilities. This study also proved that more the better occupational status, is lesser to be exposed to the various occupational related disorders.[6]

Every culture evolves its own classification and structure of medicine in order to treat diseases in its own way. Thus, treatment of the diseases may differ among various social groups. To comprehend health and health-related problems in an accurate viewpoint, it is extremely significant to think the socio-cultural factors surrounding the health issues. This is an extra relevant factor in the rural areas. Studies conducted on sociology of health and illness in India has used an existing social structure as the basic unit for the reference. Caste and class will play few specific roles and in rural area some time people belonging to the higher caste will be the power centric and even they can control the money flow. Even though the western medical system has an edge over the traditional once, its success depends on how good it gets a reliable space "between the realm of outsider and the inner realm of kinship".[7]

A factor affecting in the selection of treatment pattern it is revealed that 18% opined it is income 22% opined it is education, 50% opined it is occupation and 23% it is a social network which affects a lot in selecting western medical care system as first choice. Further, 25% with respect to income and occupation, 15% with respect to education, 13% with respect to gender and 11% with respect to social network is largely affected while selecting folk medicine as a first choice. It shows respondents' having good occupation, education and social network normally opt modern health care facilities. Gender discrimination is more while opting modern healthcare facility.

Regarding the economic GroupWise opinion about causing illness and diseases respondents belonging to a low economic group opined cosmology and humeral imbalance causes diseases whereas middle class respondents opined that pathogenic agents and unhygienic conditions causes illness and diseases. Further, high economic group and elites opined pathogenic agents

basically cause various health problems. It shows as level of economic status improves more health education, awareness and attitude can be seen whereas low economic group respondents' still believe traditional theories of health and illness. Regarding caste wise opinion SC and ST community strongly believe humeral and super natural causation of illness and diseases. However notable percentages of them opined pathogenic and unhygienic conditions causes health problem. It shows gradually they are keep changing their health seeking behavior.[8]

Different economic groups have expressed interesting feature about medical pluralism. Low economic respondents felt medical pluralism may give an opportunity for the poor patients because of the cost factor. The majority of the respondents opined medical pluralism will leave more success rate of healing. However all respondents opined medical pluralism has quality problem and fake practitioners in rural parts. Respondents opined in rural area patients are being cheated in the name of medical pluralism. Also noted percentage of them opined medical pluralism may lead a kind of confusion among the patients'. Level of education and preventive measure has close association. Illiterates still stick on to the traditional concept of preventive care. Still they believe worshiping deity/cosmology to solve their health problems.[8] However gradual change also can be seen in their overall attitude due to various external efforts. It is found that as the level of education increases more inclination towards the modern etiology can be noticed. Also it is noted that the level of education has not done much impact among few respondents yet. Surprisingly few respondents' having higher level of education still believes in the deity/ cosmology theory to keep healthy. External interventions has some impact on the less educated respondents to believe the role of immunizations and health education in keeping healthy.

Caste and religion have close similar/dissimilar associations in using specific/different kind of medical system in rural settings. Also few studies have shown religion has no connection with using a specific type of medical system. It is opined that Unani system is quite universal in Kerala, while people belongs to another religion in UP and other states are sparingly use Unani in all walks of life. Sidda system is relatively rare among Muslims and christen where it is quite common in the case of low caste Hindus especially among tribal people Faith healing is common with Hindu's and Muslims and most uncommon among the Spelling. It raises some important question regarding the relationship between religious background and usages of specific type of medicine available in the society. Ayurvedic is one of the oldest systems and it is more prevalent among all the religions. It is further opined in some part of the world people would like to differentiate between religion and medicine based on the procedure involved in curing sessions. Otherwise any identification of any type of medical system would lead to the communal issue.[8]

It is also found that caste and medicine relationship especially in post industrial society is a significant sociological issue. Certain castes in rural area have dominated on traditional medicines. It has become a family business. Also it is found that certain traditional healers would like to extend the treatment only for the patients belonging to his/her community only. It is felt in British regime traditional medicinal system was an important tool for the caste mobilization. This study found that caste comparison and caste based treatment have been plagued in traditional medicine system in rural parts of the country today. It is also found, because of caste and class conflicts and medicalizations, socially excluded communities are suffering a lot in rural parts of the country. Sentence is not appropriate

Sociologists from the long back are showing interest in studying between Lot of grammatical mistakes different segmentation of the society and emerging medicines. Also sociologists are doing some comparative studies between medical pluralism among various castes and ethnicity also a strong indicator/parameter in evaluating heath inequalities. It is revealed that each and every caste in India has its own health culture, tradition, ritual, diet in a given society. Also it is noted in a multi caste society health culture and health seeking behaviors varies significantly under the changing social system due to various external factors. Lower caste people mostly prefer only traditional medical care for any health problems while higher caste people will opt quality medicinal care.

Suggestions :

* Culturally sensitive and situated understanding of health seeking behaviour may improve treatment compliance and shorten delay to diagnosis
* Multiple health seeking should be recognized and incorporated into a wider co-ordination across the health system, with better co-operation between public and private providers
* Some of the communicable diseases which are most commonly prevalent among the rurals including malaria, cholera, diarrhea, malnutrition, et require good health education grass root level interventions and hygienic environment.

CONCLUSION

In India where rural people were significantly altered socially and culturally by the British colonization it is crucial and important to understand social and cultural consequences of colonization and how these have altered the health culture and the health behavior of the rural respondents' historically and currently. It is found that found that cultural heterogeneity has the strongest influence on the health culture and health behavior of the rural respondents' than religion. This study has found that regional specific cultural health model may be presented in a culturally, linguistically and regionally appropriate format may be useful to the policy makers in introducing

modern health care facilities rigorously and socio economic issue a play a vital role. Rural areas will be normally predominated by the different marginalized social and cultural groups. These groups are living with other major cultural groups i.e living with other major cultural influence and surrounding beliefs about health may account for liking or disliking modern healthcare system. Govt. should take measures to decrease socio-economic disparities.

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