

HEALTH SEEKING BEHAVIOR OF THE PEOPLE; KNOWLEDGE, ATTITUDES AND PRACTICES (KAP) STUDY OF THE PEOPLE OF URBAN SLUM AREAS OF KARACHI

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ABSTRACT... Objectives: The aims and objectives were, to know about the approach of people towards seeking medical advice with different options of healers, to observe thinking, feeling and various actions of people including level of self medication, and to know perception of people regarding various practices done by the healers. **Data Source:** People living in urban slum areas of Karachi. **Design of Study:** Cross sectional Study. **Setting:** Karachi. **Period:** July to October 2008. **Subjects and Methods:** It was Knowledge, attitudes and practices (KAP) study carried out on a sample of 300 permanent household members aged ≥ 16 years of middle and poor class living in urban slum areas of Karachi. **Results:** The mean age of the study participants was 38.27 with standard deviation of 17.57. 182 (61 %) were male while 118(39 %) were female. Out of 300 study participants (n=300) 260 (86.6 %) consult allopathic healers including 169 (56.33 %) MBBS general practitioners and 91 (30.3 %) non qualified or quacks, 25 (8.3 %) consult homeopaths, 11 (3.6 %) Hakims, and only 4 (1.33 %) consult faith healers ($P < 0.05$). 148 (49.33 %), participants belong to middle class group, while 152 (50.66 %) were from poor class. 50 % study participants do self medication at home prior to consultation for health. **Conclusions:** Health seeking behavior is a complex phenomenon in developing countries like Pakistan where poverty overrides all other factors in decision of selecting a healer. It is recommended that people should be educated in choosing a healer which should be a qualified one.

Key words: Health Seeking Behavior, Self Medication, Healers.

INTRODUCTION

Study of Human behavior is an art and dealing with solving its problem is science. One of the dynamics of human behavior is how they react in case of sickness. With plenty of available options they took decision depending on their respective sociocultural, economic and demographic circumstances. In Pakistan peoples have variety of consultation in case of sickness. In urban areas, in the context of knowledge inherited from old generation and personal experiences, the people usually preferred self medication.

The utilization of a health care system, public or private, formal or non formal may depend on socio – demographic factors, social structures, literacy, cultural beliefs and practices, gender discrimination, status of women, economic and political systems, environmental conditions, and the disease pattern and health care system itself. By this way we can understand how people engage with health care system and how they remain at full liberty and choice to decide in the best interest of the

family to consult different types of healers.

Usually the approaches to health-seeking behavior are determined by knowledge, attitudes and practices (KAP) surveys¹. Knowledge is usually assessed in order to see how far community knowledge corresponds to biomedical concepts People's reported knowledge which deviates from biomedical concepts is usually termed 'beliefs'². Attitude has been defined by Ribeaux and Poppleton³ as "a learned predisposition to think, feel and act in a particular way towards a given object or class of objects". It may be inferred from a variety of statements and answers. Practices related questions in KAP surveys usually enquire about the use of preventive measures or different health care options. Special caution is required to get deductions from KAP survey data about explaining health-seeking behaviour⁴.

The determinants of health care seeking behaviour can be described as Status of women (Cultural), Age and sex (Social), Household resources (Socioeconomic), Costs of care (Economic), Distance and physical access

(Geographical) Perceived quality (Organizational) Standard of drugs⁵. Understanding these determinants of health care demand provides a basis upon which governments can reform health policy⁶.

Karachi is one of the mega cities of the world and the largest city of Pakistan. Here the literacy level amongst all strata of population is high as compared with the other parts of country but still because of old traditions, poverty, illiteracy, high cost of allopathic medicines and consultation there exist a prevailing situation of consulting quacks for seeking health. With this idea in mind we decided to have a survey on the people of low socio economic echelon and to know the ground realities.

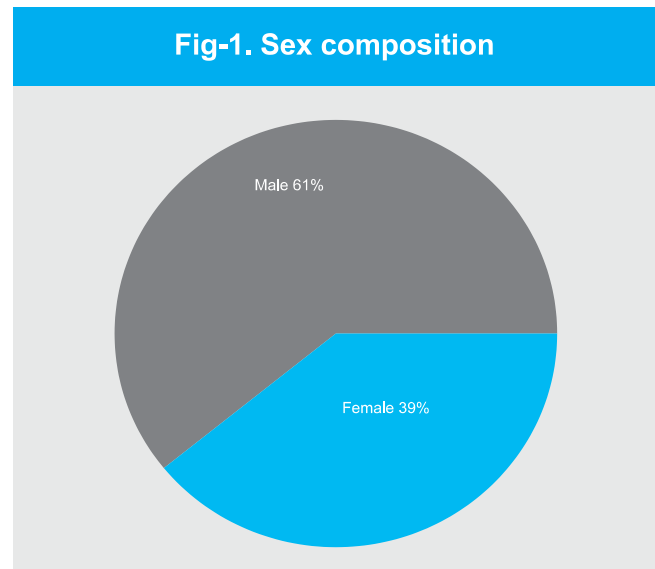
The aims and objectives were, to know about the approach of people towards seeking medical advice with different options of healers, with what signs and symptoms they present, which healer provide better treatment and their soft availability, knowledge about healers qualification, level of self medication and how they consult healers, and to know how many healers advised lab investigations, disposed off patients at the clinics, how many allopathic healers owning pathological labs and medical stores, how many of them use injectable medicine including intravenous drips, number of patients referred to specialists and how many patients consulted other healers when dissatisfied.

SUBJECT & METHODS

It was Knowledge, attitudes and practices (KAP) study. The study population comprised of people of middle and lower socioeconomic status living in garden east and Qayyum abad. The study was undertaken from July 2008 to October 2008. Simple random sampling was done to select the sample to be surveyed. 300 participants selected by random numerical technique were decided to be included in the study. All people of middle class and lower socio economic/ poor group of population irrespective of gender cum age difference living in areas of Karachi mentioned above were included while all people of upper socioeconomic group etc and all people not belonging to the city were excluded. Data was analyzed and processed using SPSS-16 soft ware.

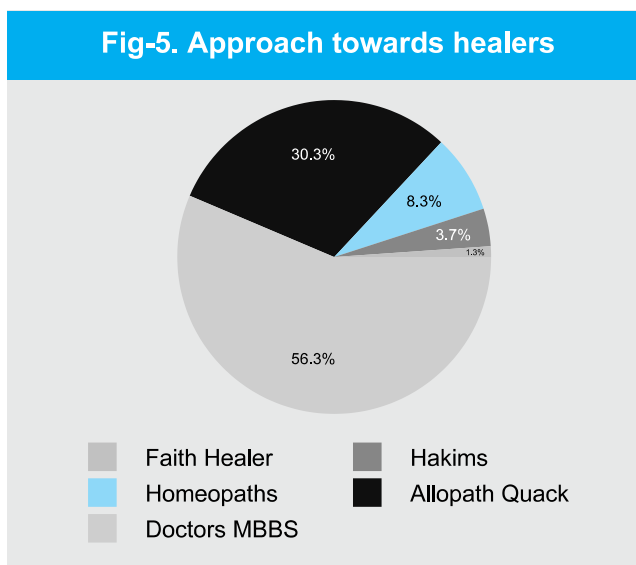
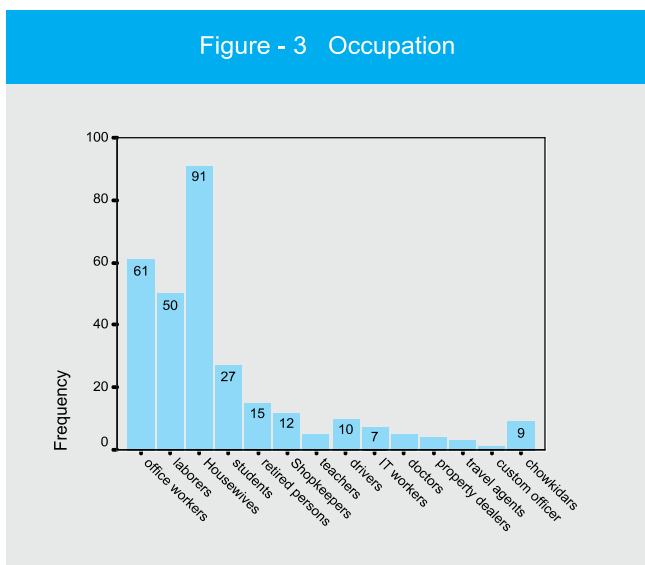
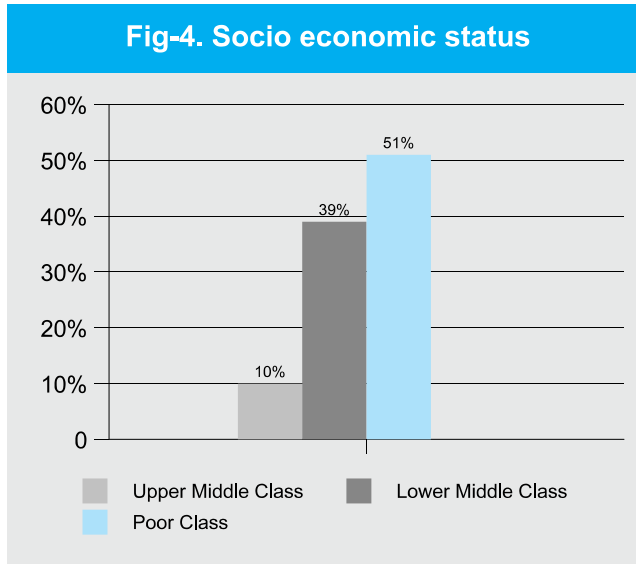
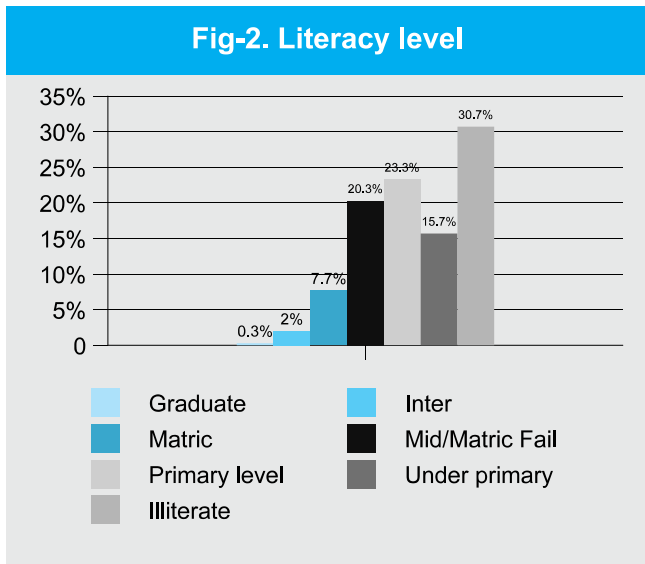
RESULTS

The mean age of the study participants was 38.27 with standard deviation of 17.57. Age range was from 16 years to 90 years. 182 (61 %) were male while 118 (39 %) were female (Figure-1).



92 (30.66 %) were illiterate, 47 (15.66 %) were having qualification of < primary level, 70 (23.33 %) were primary level passed, 61 (20.33 %) were middle/matric failed, 23 (7.66 %) were matric passed, 06 (2 %) inter passed and only one (0.33 %) was graduate (Figure-2). Education was directly related to the health seeking behavior ($P < 0.05$). Occupation of maximum participants were, office worker 61 (20.3 %), and laborers 50 (16.7 %) while house wives were 91 (30.3%) (Figure-3). 30 participants (10 %) belong to upper middle class group, 118 (39.33 %) belong to lower middle class group, while 152 (50.66 %) were from poor class (Figure-4). Out of 300 study participants ($n=300$) 260 (86.6 %) consult allopathic healers including 160 (56.3 %) MBBS general practitioners and 91 (30.3%) non qualified or quacks, 25 (8.3 %) consult homeopaths, 11 (3.7 %) Hakims, and only 4 (1.3 %) consult faith healers ($P < 0.05$) (Figure-5).

Presenting signs and symptoms were fever, enteritis, pain abdomen, urine problem, common cold, allergy and skin diseases (Table – I). 286 (95.33 %) were of the view that better treatment is provided by doctors. 52 % respondents were of the opinion that healers were easily available while 48 % replied that it was not so. 100 (33.3

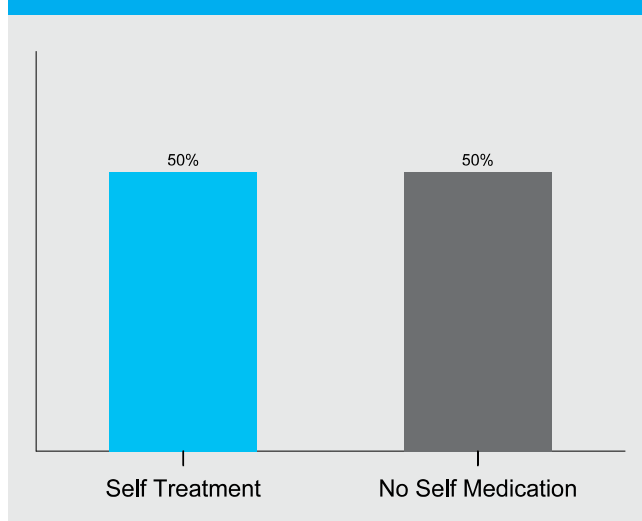


%) subjects were aware of qualified/non qualified healers while 30 (10 %) were familiar with the qualification of MBBS.

Self medication was very popular and 50 % study participants were in use of self medication at home prior to have consultation from any healer (P < 0.05) (Figure-6). 72 % people consult family doctors directly, 7% through an agent, 10 % by doctor’s friends/relative, and 11% by old treated patients.

The people preferred to consult healer charging lowest

fee. 65 % people consults particular doctor because of reduced fee while 35 % because of proficiency and skill of doctor. Only 4.7 % people consulted by taking prior appointment. 56.3 % people were advised different types of investigations by the doctors. 9 % doctors were the owner of laboratory. 73 % doctors provided medicine at their clinics. 3 % doctors were having their medical stores. 45 % people received injectable medicine at the clinics. 24 % people received intravenous drip at the clinic. 22% had history of reference to a specialist. 21% people consulted other healers when their health was not improved.

Fig-6. Self medications**Table-I. Presenting signs and symptoms**

	Frequency	Percent
Fever	109	36.3
Enteritis	84	28.0
Pain abdomen	42	14.0
Urine problem	39	13.0
Common cold	11	3.7
Allergy	08	2.7
Skin disease	07	2.3
Total	300	100.0

DISCUSSION

Understanding human behaviour is prerequisite to change behaviour and improve health practices¹. This study revealed how the populations perceive the concept of dealing with the sickness. For many diseases, there exists an old cultural believes and traditions inherited from generation to generation, that is why the people consult hakims and faith healers. Minor ailments are dealt with learned experiences promoting self-care/self treatment. Consultation with healers requires money. Strong significant price effects have been found by various studies world wide⁷⁻¹⁰ and the introduction of user fees reduced the usage of public health services,

particularly for the poor. Our study also revealed that the people preferred to consult healer charging lowest fee. However, the other studies¹¹⁻¹³ have suggested price to have relatively little impact on health care demand. In a study in Bangladesh¹⁴ a household's poverty status emerged as a major determinant of health-seeking behavior.

In our study most of the respondents (52 %) were of the opinion that healers were easily available. Negative impacts of the distance on usage of health services have been found by in many studies^{8,15,16}.

Of the other factors influencing health care demand, gender and education have commonly been found to be important determinants. Gender disparities in access to health services have been studied in a number of countries. Mwabu et al¹⁷ found that distance and user fee were both factors that reduced demand for health care, but men were less constrained than women.. Furthermore, Li¹⁸ found that Bolivian women were more likely to use medical facilities than men, whilst Chen, Huq and D'Shouza¹⁹ found that male children in Bangladesh under five years of age were more likely to receive treatment than their female counterparts. Male bias was also found in other parts of Asia by Das Gupta²⁰, for rural Punjab. For education there are mixed findings with Wolfe and Behrman²¹ for Nicaragua and Behrman and Wolfe²² finding a positive association with health care demand. However, Akin et al¹² and Dor and van der Gaag²³ found that education had no effect on the decision to choose a doctor. In our study it was not found so and education was directly related to the health seeking behavior. study found that half of the study participants do self medication in case of sickness. This could be because of the previous experience of a drug/ medicine or to avoid the expenditure of consulting a doctor. Being the mega city, Karachi's population level of literacy is comparatively high therefore majority of them consult doctors as compared to rural population.

This study revealed that the doctors exploit the sickness of people and that is why they use indiscriminately intravenous drips of glucose /vitamin B / Iron / calcium and testosterone to give a pseudo impression of well-

being. There is a prevalent trend of referring patients to a specialist doctor/ laboratory unnecessarily. Most of the doctors own a pathological laboratory/ X-ray unit/ Ultrasound machines and medical stores and therefore they try to send the patients unnecessarily to these outlets.

CONCLUSIONS

Health seeking behavior is a complex phenomenon. This study has tried to reveal the existing trend of health seeking behaviour of middle and lower class people of specific areas of Karachi .It was found that the people are following the old cultural believes and traditions and consulting the healer of their own choice. Poverty / economic factors were the main factor in deciding the type of healer, moreover education of the subjects did matter in decision. Self medication was very popular in the study subjects. This study also brought forward the malpractices being done by qualified MBBS doctors. There is a need to study this subject in detail and a large sample study should be conducted both in the urban and rural areas to compare and note the prevalent health seeking behavior of the people of the country.

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