

The Survey of Treatment Seeking Behavior among the Population of Yazd, Iran-2013

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Abstract: Care seeking behavior displays the process of the remedial actions that individuals accept to improvement of their perceived disease. The decision making for the treatment seeking is a dynamic and continual process which can be affected with various factors. These factors are divided to internal and external factors. Current research is a descriptive and analytic study that it implemented cross-sectional method. Research society was people over 18 years in Yazd city that they were patient in previous three months. And treatment seeking behavior was surveyed with using of a questionnaire that it designed in three phases including: 1. literature review 2. Interview with the health care experts 3. Validation. In the third phase, validity of the questionnaire was confirmed by health care experts in process of the Delphi and its reliability computed with using of α -Cronbach method ($\alpha = 0.78$). In The SPSS software used one-way Anova test and Pearson correlation for analysis. Results revealed that treatment seeking behavior significantly related to age (p-value=0.001), gender (p-value=0.005), occupation (p-value=0.004), individual factors (p-value=0.00) and health care providers' evaluation from health care consumers views (p-value=0.001). In conclusions, treatment seeking behavior is a multidimensional phenomenon in health care that many factors influence on it. Results of current research can use for adjusting of behavior in the health policy.

Key words: Treatment Seeking Behavior • Care Seeking Behavior • Utilization • Consumer Behavior • Consumption Pattern

INTRODUCTION

Behavior refers to all the actions or reactions of an organism (person or animal) in response to external or internal stimuli. The behavior of an individual, in a broad sense, refers to anything the individual does. According to Leagans, behavior refers to what an individual knows (Knowledge), what s/he can do (skill-mental or physical), what s/he thinks (attitude) and what s/he actually does. Behavior may be simple or complex, short or enduring. Human behavior may be overt (expressed outside) or covert (expressed inside) [1].

The utilization of health services can be viewed as a type of individual behavior. In general the behavioral sciences have attempted to explain individual behavior

as a function of characteristics of the individual himself, characteristics of the environment in which he lives and/or some interaction of these individual and societal forces Moore, [2].

Care seeking behavior displays the process of the remedial actions that individuals accept to improvement of their perceived disease [3]. The decision making for the treatment seeking is a dynamic and continual process which can be affected with various factors. These factors are divided to internal and external factors [4]. and the most important ones are included: range and accessibility to available remedial ways [3], the manner of the health care system organization and its geographical condition, lack of the trust to treatment outcomes [5], perceived quality of services, treatment and transportation cost [6], shame

[7], fear of treatment, individual expectations, other individuals recommendation, admission time [4], previous experiments, cultural patterns, level of the individual discomfort tolerance, individual beliefs and health knowledge, economical and social status, level of education, primary health history, life style [8] and gender [9]. Moreover out of pocket by families [10], both unlawful payments without attention to severity of disease and inappropriate relationship among patients and care providers, that it leads to distrust in treatment process, affect the care seeking behavior [11]. Individual decision making manner is another affective factor on it [12].

Active behavior of the health information seeking can increase the knowledge, satisfaction and treatment of ailments as well as it can reduce fear and unreliability [13] Moreover continual improvement in early diagnosis and treatment of disease is necessary for management of diseases [14]. And delay in diagnosis and treatment of disease is related to increased disease transmission, morbidity and mortality [15] also recognition of care seeking behavior mood in each society will help to Optimized allocation and distribution of the health care recourses [16]. Also, it will help to better planning for improvement of accessibility, service quality or appropriate management of the consumption flowing [17].

Thereupon the recognition of the effective factors on services consumption is a very important economical sanitarian subject and appropriate conception of the imperative factors on the individuals' use of the health services is important in evaluation of the policies related to accessibility in the health system [18].

Among implemented studies, Study of S.R. Mashreky indicated that about sixty percent parents seek health care from unqualified service providers for their children during a childhood burn injury. Educated and the higher income groups parents choose qualified service provider at significantly higher rate compared to illiterate and poor. Higher proportion of parents of urban residence chooses qualified service provider compared to rural. No significant difference of health seeking behavior of parent in choosing care provider was found in relation to sex of the children [19]. Study of Jelle Stekelburg, showed that the frequency of attendance, for both the hospital and the traditional healer, increases with age [20]. Study of Das DK showed that 84.1% adolescent girls sought for treatment during acute morbidity from various sources; only 22.7% from Government health facilities. Non-availability of medicine (34%), long distance (24%) and poor quality of treatment (10%) were

the main reasons for non-utilization of Government health facilities [21].

MATERIALS AND METHODS

The current research is a descriptive and analytic study that it implemented cross-sectional method. Research society was people over 18 years in Yazd city that they were patient in previous three month. Also we used Randomize cluster sampling approach indeed sample size was calculated 224. And treatment seeking behavior was surveyed with using of a questionnaire that it designed in three phase including: 1.literature review 2. Interview with the health care experts 3. Validation. In the third phase, validity of the questionnaire was confirmed by health care experts in process of the Delphi and its reliability computed with using of α -Choronbakh method ($\alpha = 0.78$). The questionnaire has two parts including: 1. Treatment seeking behavior 2. Affected factors on treatment seeking behavior. The second part consisted of health care providers evaluation by health care consumers also it included individual, psychological, socio-cultural and familial, situational and marketing factors. Score of fewer than 60 demonstrate inappropriate behavior, score of 60-80 boundary behavior and score of more than 80 appropriate behaviors. Finally in the SPSS software used one-way Anova test and Pearson correlation for analysis.

RESULTS

The demographic characteristics of samples are presented in the Table 1.

Also, the mean scores of treatment seeking behavior in different groups of respondents based on their age, gender and occupation are presented in Tables 2 to 4.

The mean of treatment-seeking behavior based on age with a p-value = 0.005 is significantly different from the mean of each age group as follows:

The mean of treatment-seeking behavior based on gender with a p-value = 0.005 is significantly different from the mean of each gender as follows:

The mean of treatment-seeking behavior based on occupation with a p-value = 0.004 is significantly different from the mean of each occupation group as follows:

The mean of treatment-seeking behavior based on marital status, ethnicity, religion, income has not a significant difference.

Table 1: Demographic characterizes of studied society

variable	Classification	Percent
Age	18-24 years	26.2%
	25-34 years	31.8%
	35-44 years	20.6%
	45-54 years	17.8%
	55-64 years	2.3%
	65-74 years	0.9%
	Above 75 years	0.5%
Gender	female	60.5%
	male	39.5%
Marital status	Single	25.7%
	Married	71.5%
	Divorced	2.8%
Education	Illiterate	5.1%
	Primary	22.4%
	Diploma	25.2%
	Upper diploma	5.6%
	Bachelor	29.9%
	MA and upper	11.7%
Religion	Shi'a	99.1%
	Non-Shi'a	0.9%
Ethnicity	Persian	99.1%
	Afghan	0.5%
	Kurd	0.5%
Income	Under 5000000Rials	31.1%
	5000000-10000000 Rials	51.2%
	10000000-20000000 Rials	12.9%
	Upper 20000000 Rials	4.8%
Occupation	Employee	27.7%
	Worker	65.6%
	Self employment	21.1%
	householder	25.8%
	student	14.6%
	retired	2.8%
	others	2.3%
Family size	2 persons	19.9%
	2-4 persons	49.3%
	4-6 persons	26.2%
	Upper 6 persons	4.6%
Hosing	Landlord	69%
	Lodger	24.4%
	Others	6.6%
Insurer	Uninsured	8%
	Medical services organization	27.7%
	Social security organization	54.5%
	Army insurance	6.6%
	Others	3.3%
Disease condition	Acute	71.5%
	Chronic	28.5%

Table 2: The mean of treatment-seeking behavior based on age groups:

Age groups	The mean of treatment seeking behavior
18-24years	79.32%
25-34 years	79.31%
35-44 years	72.12%
45-54 years	71.56%
55-64 years	60%
65-74 years	71.4%
Above 75 years	85.71%

Table 3: The mean of treatment-seeking behavior based on gender:

Gender	The mean of treatment seeking behavior
Female	73.64%
Male	78.9%

Table 4: The mean of treatment-seeking behavior based on occupation

Occupation	The mean of treatment seeking behavior
Employee	75.58%
Worker	80.95%
Self employment	81.34%
Householder	70.45%
Student	77.48%
Retired	71.42%
Others	76.19%

Table 5: The frequency of treatment-seeking behavior situation in studied society:

Behavior mood	Percent
Inappropriate treatment seeking behavior	9.3%
boundary treatment seeking behavior	59.3%
appropriate treatment seeking behavior	31.3%

Table 6: Mean scores of the treatment seeking behavior and its affected factors in the studied society

	% of mean	SD
Treatment seeking behavior	75.8%	12.28
patient previous experience of services consuming	70.45%	10.78
health care providers' evaluation from health care		
consumers views	80.72%	11.79
Individual factors	66.24%	8.98
Psychological factors	63.37%	10.58
Socio-cultural and familial factors	67.95%	9.53
Situational factors	95.25%	7.85
Marketing factors	50.12%	12.27

Table 7: The relationship between treatment seeking behavior affected factors and the behavior mood

	p-value	Correlation
Treatment seeking behavior and health care providers' evaluation from health care consumers views	0.01	1.8
Individual factors and patient previous experience of services consuming	0.00	0.2
Individual factors and health care providers' evaluation from health care consumers views	0.00	1.9
Psychological factors and Situational factors, Individual factors, Socio-cultural and familial factors	0.003	0.2
Treatment seeking behavior and Individual factors	0.00	0.42
patient previous experience of services consuming and Situational factors,		
Marketing factors	0.00	0.2
Individual factors and Marketing factors	0.00	0.2

The frequency of different behavior mood in treatment seeking is showed in table 5.

Inappropriate treatment-seeking behavior means tendency of peoples to self medication and not following from health system in treatment of diseases.

Also, the mean scores of treatment seeking affected factors are presented in table 6.

Table 7 presents the relationship between treatment seeking behavior affected factors and the behavior mood:

DISCUSSION

Our study results showed that demographic variables including of age, gender and occupation affected on treatment seeking behavior also in other studies emphasized on these factors such as in the study of Saqib, M.A mentioned to age, gender and occupation as affected factors on treatment seeking behavior [22].

Study of Jelle Stekelenburg indicated that women more than men visit traditional healers, but the men who do visit them, do so more frequently and Level of education is not an important determinant. Increasing age leads to more frequent visits to both the hospital and traditional healers [20].

With attention to importance of these factors in treatment seeking behavior so we should notice to individuals' needs, wants, expectations and tendencies proportional with population demographic changes.

In our study between education, income, marital status, religion, ethnicity and treatment seeking behavior not existed relationship.

In this study 9.3% of studied people had inappropriate treatment seeking behavior, 31.3% appropriate treatment seeking behavior and 59.3% boundary treatment seeking behavior. Study of diyanati is showed that among studied people 107 persons had appropriate behaviors, 60 persons had inappropriate behaviors and 113 persons indicated both inappropriate and appropriate behaviors. Also it indicated that education and informing solutions can affective role on treatment seeking behaviors in susceptible peoples [23].

Also in our study 57.1% of studied people referred to general physician, emergency room and health centers, 21.9% went to proficient doctors, general or private hospitals, 3.3% referred to pharmacy (with consult to pharmacist) and 17.6% of studied people did self medication in the first step for treatment of their disease. Moreover among studied people 64.1% referred to proficient doctors, general or private hospitals, 23.2% went to general physician, emergency room and health centers, 5% of those went to pharmacy (with consult to pharmacist) and 7.7% of studied people did self medication in the second step for treatment of their disease.

Also study of C. A. Enwuru' indicated that Eighty (47.6%) of the patients presented at one or more private orthodox health care providers, 40 (23.8%) visited local patent medicine dealers, 24 (14.3%) visited traditional health care providers and 24 (14.3%) visited both private orthodox and traditional health care providers soon after onset of symptoms [24].

Study of S. Yanagisawa showed that for the first action, most very poor and better-off people tried a home remedy (63.6 and 71.7%, respectively). The second most common action was self medication. Nearly half (43.2% for the very poor and 48.3% for the better-off) bought medicines from a drug seller [25]. In our study totally treatment seeking behavior was not related to income but self medication significantly related to income.

Study of Germano M. mwabu indicated that medical referral systems in developing countries relation to patients' health care seeking behavior. It is shown that the vertical referral structures are Consistent with patients' cost minimizing behavior in their search for medical treatment. Thereupon an appropriate referral system can control treatment seeking behavior and it can reduce self referral and charges [26].

In our study individual factors and health care providers' evaluation from health care consumers views have most impact on treatment seeking behavior that role of these factors mentioned in various studies. For example study of Volodina, A, mentioned to role of Smoking, Alcohol consumption as individual effective factors on treatment seeking behavior [27]. Also study of Mashreky, S.R showed that individual factors including health literacy, severity and duration of problems, level of individual disability because of that disease, significantly related to it [19].

Moreover current study showed that patient previous experience of services consuming correlated with individual factors, also health care providers' evaluation from health care consumers views significantly related to individual factors, psychological factors correlated with situational factors, individual factors, socio-cultural and familial factors and patient previous experience of services consuming correlated related to situational and marketing factors and individual factors correlated with marketing factors. All of these factors directly or indirectly related to treatment seeking behavior that various studies mentioned to role of all of them in treatment seeking behavior including:

Study of Adhikari, R remarked to depression, stress as effective psychological factors on treatment seeking behavior [28]. Also study of Shahid, S showed that fear of death and treatment outcomes and shame significantly related to treatment seeking behavior [29].

Study of Tatiana Dubayova indicated that the emotion of fear could lead to either help-seeking behavior or to delay, depending on the cause of the fear and the way people cope with it. The intensity of negative feelings seems to be an important predictor of a patient's help-seeking behavior [30].

Melissa M. Garrido showed that understanding of the perceptions that underlie individuals' health care-seeking behavior is an important step toward reducing underutilization of mental health care by older adults. Addressing barriers to utilization helps reduce unmet need for mental health care (MHC), which might improve outcomes and reduce costs for both physical health care and mental health care [31].

Study of Srivastava, N.M. Showed that availability of drugs/services, out-of-pocket expenditures, reimbursements for episodic care, extent of insurance coverage affected on treatment seeking behavior [32].

In some previous studies, positive social interaction [33], society duties and responsibility of individual [34], society values and tradition [29], other individuals recommendation [4], cultural patterns [8], were mentioned as effective socio-cultural and familial factors on treatment seeking behavior. Society factors affected on individuals' health both directly and indirectly by affecting on environment, behavior, availability and utilization of services. So major subject of health discussions should change from medical discussions to society discussions such as how the public and private sector participation, share of each social class from health care services, empowerment and social participation [35].

Study of Sunyna S showed that preferred information sources by patient are important in his informed decision making for health care seeking [36]. Study of Shaouli Shahid impressed that method of information emission and the availability of education and consultation are important in this subject that they emphasized to role of the marketing factors in care seeking behavior [29].

So treatment seeking behavior is a multidimensional phenomenon in health care that many factors influence on it. Results of current research can use for adjusting of behavior in health policy.

Strengths and weaknesses of study: implemented studies in this area are not comprehensive and each surveyed only one aspect of treatment seeking behavior whereas the used questionnaire in this study is more comprehensive. Among the limitations of this study can mention the following: it is a cross sectional study indeed this study cannot show the long term effect of behavior, studied society have not much knowledge with the subject.

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