

A Study On The Health Seeking Behavior Among Caregivers Of Under-Five Children In A Rural Area Of West Bengal

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Abstract

Background- Children are most vulnerable and dependent groups on others in the society other than geriatric person. So appropriate healthcare seeking behavior of their caregivers are very much important to reduce morbidity & mortality and improve healthy life.

Materials & Methods- This was a cross-sectional study was conducted at rural area of West Bengal among 180 caregivers of under 5 yr children with the help of predesigned pretested semistructured schedule. Study subject selected by systematic random sampling and data compilation were done MS Office Excel-2010 and data analysis were done by chi sq test in IBM SPSS version 2019

Results: Among 180 caregivers majority were 20-30yrs age gr(65%), joint family(64.4%), OBC(39.4%), Hindu(86.1%), Literate(71.1%), Homemaker(82.8%), having health insurance(76.1%), lower middle socio economic class(45%). Among children majority were 3-5yrs age gr(47.8%), female(50.6%), vaccinated not at par age (60.6%), second or more order child(59.4%). 20.6% caregivers had in appropriate healthcare seeking behavior for their children. Appropriate health seeking behavior among caregivers significantly associated with ≤ 30 yrs ($\chi^2=20.33, df=1, p=.000007$), nuclear family ($\chi^2=4.74, df=1, p=.029$), literate ($\chi^2=71.72, df=1, p<.000001$), homemaker ($\chi^2=28.19, df=1, p=.000012$), upper middle & upper lower SES ($\chi^2=4.44, df=1, p=.035$), having insurance ($\chi^2=34.91, df=1, p<.00001$) but not significantly associate with religion ($\chi^2=1.58, df=1, p=.2$) & gender of children ($\chi^2=.0058, df=1, p=.939$). The majority of caregivers for children (71.7%) were depending generally on Govt health facility and a sizeable portion of caregivers (42.2%) collected medicine over the counter without consultation of medical professional and 35% caregivers generally approached AYUSH system of medicine.

Conclusion- From this study it was concluded that appropriate health care seeking behavior among caregivers are significantly influenced by with ≤ 30 yrs age gr, joint family, occupation, education, socio economic scale, health insurance. In rural bengal primarily dependent on Govt health facility and a sizeable population still collected medicine over the counter with consultation of medical supervision.

Keywords: Health care seeking behavior, Caregivers, Under 5 children, Rural area,

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I. Introduction-

Healthcare seeking behaviour is defined as, "any action or inaction undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy" [1][2]. **Children are most vulnerable and dependent groups on others in the society other than geriatric person. Proper and timely intervention are required to reduce morbidity and mortality of children. So health care** seeking behavior is an important factor of health outcome and impacts the mortality and morbidity pattern of a community.[3] Health care seeking behavior is influenced by a number determinants such as age, gender, ease of access to health care services, socio-economic status etc.[4]. As per WHO, appropriate healthcare seeking behavior could reduce child mortality and morbidity by 20 per cent.[5,6] In rural areas people have poor health-seeking behavior due to their illiteracy, lower socioeconomic status, prevailing malnutrition, poor immunization status, poor sanitation, personal and cultural practices, beliefs, and attitude toward healthcare providers. In these context, in the present study try to assess the health care seeking behaviors among caregivers of under five children during their illness and factors associated with their health seeking behavior.

II. Materials & Methods-

The present study was observational descriptive study cross sectional design conducted at Madhyakhalia village under Jagadishpur (Bally –Jagacha)Block , Rural Field Practice Area of , Community Medicine department , Calcutta National Medical College , Kolkata from June2024 to August 2024 among caregivers who were predominantly mothers , of under five children. The sample size was calculated on the basis of 71% of children with childhood illness were taken to a health facility according to a previous study at Pune of India[7]. The sample size was 180(taking $4pq/d^2$ where $p=.71, q=1-p=.29, d=10\%$ relative precision=.071 and 10% taking nonresponse). Systemic random sampling technique was used to identify the study participants. A line listing of 800 families with under-five children was done from Family folders of Rural Field Practice Area of Community Medicine Department ,CNMC . One family was selected randomly from first 4 families who were satisfying inclusion & exclusion criteria. Then every 4th family was selected from the list who satisfying inclusion & exclusion criteria until the desired sample size achieved. Next family was taken when any selected family did not satisfy the criteria. If in a family there were more than one under-five children, the caregiver of the younger child was interviewed.Caregivers were excluded who did not participate in the study and whose child severely ill at that time or absent during data collection process. After getting permission from appropriate authority ie Institutional Ethics Committee , Community Medicine Departments and informed consent from study subjects the data were collected by predesigned pretested semi-structured schedule with two parts. The first part had details of the socio-demographic variables; the second part had questions related to the child's immunization status and the health seeking behaviour during acute childhood illness considering a recall period of 6 months. The choice of healthcare professionals of the caregivers' during any acute childhood illness, was assessed. The data were compiled in MS Office excel and data analysis were done in IBM SPSS 2019.Distribution part of data presented with frequency &% and analytical part were done by chi sq test ,p value taking consideration with 95% significant level.

Appropriate health-seeking behavior as when a primary caregiver approached either Private and Government healthcare centres within 24 hours of the onset of their children's illnesses[8] and for assessing socio economical scale Modified BG Prasad Scale 2024 was used[9].

III. Results

1.Socio Demographic Characteristic of the caregivers (n=180)

Socio Demographic Profile		Frequency(%)
Age(yrs)	<20	12(6.7)
	20-30	117(65)
	>30	51(28.3)
Family type	Nuclear	64(35.6)
	Joint	116(64.4)
Caste	ST	23(12.8)
	SC	47(26.1)
	OBC	71(39.4)
	General	39(21.7)
Religion	Hinduism	155(86.1)
	Muslim	25(13.9)
Education	Illiterate	52(28.9)
	Primary	64(35.6)
	Middle School	51(28.3)
	Secondary & Above	13(7.2)
Occupation	Homemaker	131(82.8)
	Unskilled	49(27.2)
SES (Modified BG Prasad Scale2024)	Upper Middle	14(7.8)
	Upper Lower	49(27.2)
	Lower Middle	81(45)
	Lower	36(20)

From Table 1 it was found that majority of care givers' age were between 20-30yrs(65%),majority of care givers belonged to joint family(64.4%),majority were Hindu(86.1%) & were OBC(39.4%). 28.9% care givers were illiterate and 82.8% were home maker and 45% were belonged to lower middle class as per Modified BG Prasad scale 2024.

Table2: Distribution of children according to different characters (n=180)

Variables		Frequency(%)
Age gr of children	≤1	23(12.8)
	>1-3	71(39.4)
	3-5	86(47.8)
Gender of Child	Female	91(50.6)

	Male	89(49.4)
Birth order of Child	1 st baby	73(40.6)
	2 nd or more	107(59.4)
Vaccination status of child	At par age	71(39.4)
	Not at par age	109(60.6)
Health insurance	Present	137(76.1)
	Absent	43(23.9)
Generally approached health facility	Govt	129(71.7)
	Private	41(22.8)
Over the counter drugs	Yes	76(42.2)
	No	104(57.8)
Seeking Medical Help	≤4hrs	47(26.1)
	5-24hrs	96(53.3)
	>24 hrs	37(20.6)
Generally seeking type of medical help	Modern Medicine	117(65)
	AYUSH	63(35)

Table 2 shown majority children were from 3to 5yrs of age, 50.6% were female, 59.4% were 2nd order more child and 60.6% children having vaccination status not at par their age.76.1% family has health insurance coverage mainly under govt health insurance. 71.7% caregivers generally approached to govt health facilities for their children’s medical care and 42.2% caregivers collected medicine over the counter with out medical consultation.18.3% caregivers were seeking medical help for their children after 24 hrs ie their health seeking behavior not appropriate. Around 35% caregivers were preferred AYUSH for their children’s treatment.

Table3 Association of Study subjects health care seeking behavior with different factors(n-180)

Different factors		Appropriate Health care seeking behavior	Inappropriate Health care seeking behavior	Chi sq df p value
Age of study subjects	≤30yrs	114(88.4)	15(11.6)	$\chi^2=20.33$ df=1 p=.000007
	>30yrs	29(56.9)	22(43.1)	
Family Type	Joint	86(74.1)	30(25.9)	$\chi^2=4.74$ df=1 p=.029
	Nuclear	57(89)	7(11)	
Caste	General	36(92.3)	3(7.7)	$\chi^2=4.08$ df=1 p=.043
	Other than general	107(75.9)	34(24.1)	
Education	Illiterate	20(38.5)	32(61.5)	$\chi^2=71.72$ df=1 p=<.000001
	literate	123(96.1)	5(3.9)	
Religion	Hinduism	126(81.3)	29(28.7)	$\chi^2=1.58$ df=1 p=.2
	Muslim	17(68)	8(32)	
Occupation	Homemaker	115(87.8)	16(12.2)	$\chi^2=28.19$ df=1 p=.0000012
	unskilled	18(46.2)	21(53.8)	
SES	Lower and lower middle	87(87.2)	30(12.8)	$\chi^2=4.44$ df=1 p=.035
	Upper lower and upper middle	56(65.1)	7(34.9)	
Gender of Child	Female	73(80.2)	18(19.8)	$\chi^2=.0058$ df=1 p=.939
	Male	70(78.7)	19(21.3)	
Birth order	1 st order	68(93.2)	5(6.8)	$\chi^2=12.75$ df=1 p=.00035
	2 nd or more	75(70.1)	32(29.9)	
Health insurance	present	123(89.8)	14(10.2)	$\chi^2=34.91$ df=1 p=<.00001
	Absent	20(46.5)	23(53.5)	

Table 3 shown health care seeking behavior were significantly associated with age of caregivers, caste,education ,occupation, birth order of child,socio-economic scale of the family and health insurance but not with religion& gender of child. Caregivers of above 30yrs have more inappropriate health seeking behavior for their children than ≤ 30yrs age group($\chi^2=20.33$,df=1,p=.000007)and it is statistically significant. General category caregivers have more appropriate health care seeking behavior than other caste($\chi^2=4.08$,df=1,p=.043).Literate caregivers have more appropriate healthcare seeking behavior than illiterate one ($\chi^2=71.72$,df=1,p=<.000001) and this is statistically significant. Caregivers who are Homemakers have more appropriate health care seeking behavior than unskilled one ($\chi^2=28.19$, df=1,p=.0000012) and this is

statistically significant. Caregivers having single baby have more appropriate health care seeking behavior than who have more than one child ($\chi^2=12.75$, $df=1$, $p=.00035$) and this is statistically significant. caregivers whose family have health insurance coverage have better appropriate health care seeking behavior than who have not the same ie health insurance($\chi^2=34.91$, $df=1$, $p<.00001$). Caregivers who are from Upper lower and upper middleclass group have more appropriate health care seeking behavior for their children than lower class ($\chi^2=4.44$, $df=1$, $p=.035$) and this difference is statistically significant.

IV. Discussions-

The present study about health care seeking behavior of caregivers for their under 5yr children was conducted at rural area of west Bengal. From this study it was seen majority of care givers were belonged to age group of 20-30 yrs of age(65%). These may be due to the study was conducted at rural area where early age of marriage is predominant and also for joint family. From this study it was also found that Health care seeking behavior was more inappropriate among above 30yrs of age caregivers regarding their children than ≤ 30 yrs caregivers and this is statistically significant($\chi^2=20.33$, $df=1$, $p=.000007$). It might be due more reluctant behavior or more responsibilities in other works in the family.

From this study it was seen majority of study subjects (64.4%) were from joint family and this finding was similar to another study(76.4%) done at Gujarat by Yerpude PN et al[8]. In this study it was seen appropriate health care seeking behavior were significantly more associated with caregivers from nuclear family($\chi^2=4.74$, $df=1$, $p=.029$) but it was not seen in the study of Yerpude et al at Gujarat.[10]

The present study found majority of study subjects were hindu(86.1%) and the similar finding(88.02%) was seen in a study at Odisha by Mishra K, Mohapatra I, Kumar A.[9] But there was no significant difference in health care seeking behavior among different religious groups was found in the present study though significant difference was seen from above said study among religious groups.[11]

In this study it was seen that a sizeable number of caregivers were illiterate(28.9%) and it was also found that inappropriate heal care seeking behavior are more associated with illiterate one than literate and this difference is statically significant. Similar findings were seen in a study done by Ghosh,N et al at Darjeeling, , by Borah, H et al at Dibrugarh ,Assam , by Kalita ,D at Sonapur, Assam and by Yerpude PN et al at Gujarat($\chi^2=33.62$, $df=1$, $p<.0001$) [12,13,14,11]

From this study it was seen majority of study subjects were homemaker(87.8%) and their health care seeking behavior more appropriate than who working outside home and this difference is statistically significant .That may be due to lack of time for their children or unavailability of leave or relaxation from work area .

In the present study , majority of study subjects (65%)were belonged to lower-middle& lower and their health care seeking behavior were inappropriate than their counterpart ie upper & upper middle socio-economical class and this difference was statistically significant($\chi^2=4.44$, $df=1$, $p=.035$) and similar finding was observed in a study done by Kalita D, Borah M, Kakati R, Borah H at Assam.[14]

In this study , regarding gender of the under 5 yrs ,female were just overcome male number(female-50.6% & male49.4%) and there was no biasness was seen among caregivers to their health care seeking behavior with respect gender and similar type finding was seen in the study done by Sudharsanam MB et al in Puduchery, by Kalita D at Assam but Ghosh Net al & Yerpude Pn et al at Gujarat reported a significant gender bias in health seeking behavior .[15,14,12,11]

From the present study it was observed majority study subjects have more than one child(59.4%) but appropriate health care seeking behavior more associated with having single baby and this association is statistically significant($\chi^2=12.75$, $df=1$, $p=.00035$). This may be caregivers are more concerned about their only baby

In the present study it was seen majority of study subjects are under cover of health insurance along with their family(76.1%) and this may be due to govt provided health insurance and it was found that appropriate health care seeking behavior among caregivers are more associated who have health insurance and it is statistically significant and similar finding was seen in the study done by Agarwalla R et al at Kamrup ,Assam.[16].

In the present study it was found majority of caregivers(71.7%) of under 5 children approached to Govt medical facilities during their children illness . This might be due to free of cost service in Govt facility and inadequate service of private sector.

A sizeable number of caregivers (42.2%) of under five children collected medicine over the counter during their children illness without consulting of medical professional . This study also found 65% caregivers generally approached Modern Medicine system and 35% in AYUSH.

V. Conclusion-

From this study it was concluded that appropriate health care seeking behavior among caregivers are significantly influenced by with ≤ 30 yrs age gr , nuclear family ,general caste,order of children ,occupation

,literacy , upper middle & upper lower socio economic scale, health insurance. There was no gender biasness or religious influence in health care seeking behavior among caregivers. In rural bengal primarily dependent on Govt health facility and a sizeable population still collected medicine over the counter with consultation of medical supervision. AYUSH is also a preferable health system among number of caregivers of under five children for their children illness.

Conflict of Interest – No conflict of interest

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