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HEALTH-SEEKING BEHAVIOUR AND FINANCIAL BURDEN OF ILLNESS AMONG HOUSEHOLDS RESIDING IN A RURAL COMMUNITY OF GADAG, KARNATAKA: A CROSS-SECTIONAL SURVEY

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ABSTRACT

Background: Health-seeking behavior (HSB) is a critical aspect of public health that reflects how individuals respond to perceived health issues and the actions they take to seek care. In rural areas of India, including Gadag, Karnataka, understanding HSB is particularly vital due to the unique challenges faced by these communities, such as limited access to healthcare facilities, economic constraints, and cultural factors influencing health practices. Rural populations in India often experience significant disparities in healthcare access compared to their urban counterparts. Approximately 80% of healthcare resources are concentrated in urban areas, leaving rural communities underserved. This inequity compels many individuals to rely on informal healthcare providers, traditional medicine, or self-medication due to the perceived inadequacies of public healthcare facilities, which are often associated with long wait times, poor quality of care, and accessibility issues. The financial burden of illness is a significant concern for households in rural Karnataka. High out-of-pocket expenses for healthcare can lead to catastrophic health expenditures, pushing families into poverty. Many households may forego necessary medical treatment due to the cost, which can exacerbate health issues and lead to worse health outcomes. Research indicates that health-seeking behavior is not only a reflection of individual choices but is also deeply embedded in the community's socioeconomic context. Factors such as household income and the availability of insurance coverage play crucial roles in determining how and when individuals seek care. **Objectives:** To assess the health-seeking behaviour and the financial burden of illness among households in a rural community of Gadag. **Materials and Methods:** A Community-based Cross-sectional study was conducted in Hunashikatti village of Nargund, Gadag and Random sampling Technique was used to choose the study participants. A Semi structured questionnaire was used to obtain the data in the month of January 2024. Data were entered in Microsoft Excel and Results were expressed in frequency and percentages. **Results:** The study highlights a strong preference for allopathic medicine and government healthcare facilities among participants, likely due to affordability and accessibility. Despite a significant number of illnesses reported, most were mild and did not require hospitalization. Financially, few participants faced substantial costs, and while a majority had health insurance, utilization of schemes like Ayushman Bharat and ESI was nonexistent, suggesting potential barriers in awareness or access. **Conclusion:** The survey reveals that while there is a preference for allopathic treatment and government healthcare facilities among rural households in Gadag, traditional practices and home remedies still play a significant role in health-seeking behavior. Most illnesses reported were minor and did not lead to significant financial burdens, as hospitalization and high medical expenses were infrequent.

KEYWORDS: Health Seeking, Financial Burden, Rural Community, Financial burden.

1. INTRODUCTION

When someone is ill, they will typically seek medical attention at a hospital or at home with a home remedy. The option to self-medicate, use traditional or modern healthcare facilities, or not use any healthcare services is encompassed within the individual's decision. The kind of illness, severity of the condition, gender, surrounding social environment, cost of care, societal ideas about the source of illness, quality of care, education, and economic background are all elements that are linked to the behavior of seeking health care. According to the results of a systematic study, health-seeking behavior is a multifaceted notion that varies depending on the circumstances and period of life that an individual is experiencing.[1]

The term "health-seeking behavior" refers to any actions made by people who believe they are sick or have a health issue in an effort to locate a suitable treatment. The ideal way to get medical attention while ill is to visit a reputable healthcare facility and consult with a qualified doctor.[2]

India's 600,000 villages are home to people. The majority of Indians—nearly 72% of them—live in rural areas and work in agriculture. In India, 25% of the GDP is derived from agriculture, which provides employment for 75% of the nation's population. Agricultural laborers lack access to occupational health care and trade unions. Occupational health in agriculture is a relatively recent idea. Because of the false belief that occupational health is primarily a concern for industry and developed nations, many health issues that these agricultural laborers face go unrecognized.[3]

In contrast, India's public hospitals are infamous for their subpar care, lengthy wait times, remote locations, and poor amenities. Some public hospitals further charge for services that are provided for free. Still, a large number of impoverished individuals choose to self-medication and avoid primary care physicians because they cannot afford to receive care at private hospitals.[4]

In the lower socioeconomic strata of society, paying for medical care out of pocket causes severe financial hardship and a miserable standard of living for the household. Over 150 million people worldwide—roughly 44 million households—face financial hardship as a result of medical expenses. As a result, every year, nearly 25 million households live in extreme poverty. There were over 90% of healthcare financial problems and their aftereffects in Sub-Saharan African nations due to a lack of resources. In six Middle Eastern and North African nations, seven to thirteen percent of households experienced catastrophic medical expenses.[5]

Many people suffer and lose their lives around the world, especially in underdeveloped nations, as a result of not having access to even the most basic medical care. This results from the impoverisher's incapacity to pay for medical services and their unanticipated health shock.[6]

This study aims to investigate the health-seeking behavior and the financial burden of illness among households in a rural community of Gadag, Karnataka. By examining the factors that influence how and when individuals seek healthcare and the financial implications of illness, this study seeks to provide insights into the challenges faced by rural communities in accessing healthcare. Understanding these dynamics will help in identifying gaps in healthcare delivery and inform policies to improve health outcomes and reduce economic strain on rural households.

2. MATERIALS AND METHODS

2.1 Study Design

A Community based Cross-sectional study was conducted in Hunashikatti village of Nargund, Gadag and Random sampling Technique was used to choose the study participants. A Pre tested semi structured questionnaire was used to obtain the data.

2.2 Study Setting

A Community based Cross sectional Study was conducted in rural area of Gadag district Nargund. Data was obtained from November 2023 to December 2023 using.

2.3 Participants

Participants those who are residing in Hunashikatti village of Nargund Taluk, Gadag.

2.4 Data Sources

Primary data was obtained introducing the questionnaire to the participants.

2.5 Study size

Random Sampling technique was used to recruit the study participants. Totally 49. participants data was collected.

3. RESULTS

The majority of participants in the current study are between the ages of 25 and 55, with a smaller percentage being 60 and 70. A small percentage of participants are illiterate, and a smaller percentage have completed their primary and high school education. The majority of participants work in agriculture, with a smaller percentage in business and as daily wage workers. The majority of participants are male, with the majority earning an annual income of above Rs 20,000 or more, and nearly all of them come from below the poverty line (Table1).

Table 1: Distribution of Socio-demographic characteristics of study participants (n=49).

Characteristics Frequency Percentage (%)		
Age group in Years		
25-40	15	30.6
41-55	15	30.6
56-70	13	26.6
Above 70	10	12.2
Education level		
Illiterate	12	24.5
Primary	12	24.5
High School	14	28.6
PUC/Diploma	06	12.2
Graduation and above	05	10.2
Occupation		
Agriculture	37	75.5
Business	04	8.2
Daily wage workers	08	16.3
Gender		
Male	37	75.5
Female	12	24.5
Annual income		
5000-10000	01	2.0
11000-20000	17	34.7
21000-30000	12	24.5
31000-40000	16	32.7
Above 41000	03	6.1
Economic Condition		
BPL	46	93.9
APL	02	4.1
Antyodaya	01	2.0

Table 2: Distribution of study subjects according to preference of health care system (n=49).

Preferred System of Medicine Frequency Percentage		
Allopathy	24	49
Ayurveda	06	12.2
Home remedies	14	28.6
Others	05	10.2
Type of health care services preferred		
Government hospitals	39	79.6
Private hospitals	04	8.2
Traditional healers	01	2.0
Pharmacies	05	10.2

The data reveals a significant inclination towards allopathic medicine, with 49% of the participants preferring this form of treatment. A notable portion, 28.6%, still relies on home remedies, indicating a substantial trust in traditional practices. Ayurveda is preferred by 12.2%, showing some interest in traditional Indian medicine. Government hospitals are overwhelmingly favored for healthcare services, with 79.6% of respondents choosing them, possibly due to affordability or accessibility. Private hospitals, pharmacies, and traditional healers are less preferred, with 8.2%, 10.2%, and 2.0% respectively, suggesting cost or trust issues may influence these choices.

Table 3: Distribution of Health seeking behaviour and financial burden (n=49).

Variable	Responses given by Participants (n=49)	
	Frequency	Percentage
Did anyone have any illness in past 3 months Yes No	26(53.1) 23(46.9)	53.1 46.9
Age group of illness		

Children Adults Elderly NA	07 10 07 25	14.3 20.4 14.3 51.0
Name of the illness		
Viral Fever	15	30.6
Gastroenteritis	04	8.2
Others	05	10.2
NA	25	51.0
Duration of Illness		
Less than 5 days	25	51
2 Weeks	21	42.8
1 Month	01	2.1
More than 1 month	02	4.1
What was the first response after illness		
Approached for Medical care	19	51.0
Home Remedies	05	10.2
NA	25	51.0
If you approached medical care from where the patient got treatment? Government Facility Private facility NA	10 09 30	20.4 18.4 61.2
Was the Patient hospitalized		
NA	35	71.4
Yes	03	4.1
No	11	4.1
How many days of stay		
NA	45	91.8
Yes	02	4.1
No	02	4.1
How much did they spend on treatment in the last 3 months NA 100-1000 1000-5000 5000-100000	33 12 01 02	68.8 25.0 2.1 4.2
Do you have any Health insurance? Yes No	34 15	69.4 30.6
What type of health insurance None Ayushman Bharath and ESI	16 33	32.7 67.3
Have you utilized Ayushman Bharath and ESI Insurance Yes No	00 49	0 100

Over half of the participants (53.1%) experienced illness in the past three months, with viral fever being the most prevalent (30.6%). Most of these illnesses were short-term, lasting less than 5 days (51%). Despite the availability of healthcare facilities, only 20.4% of those who sought treatment went to government facilities, while 18.4% opted for private ones, highlighting a potential gap in accessibility or trust in government services. A significant majority (71.4%) did not require hospitalization. Financially, 68.8% did not incur treatment costs, possibly due to the absence of severe illnesses or reliance on free services, while 69.4% reported having health insurance, primarily through Ayushman Bharat and ESI. However, the lack of utilization of these insurance schemes (0%) could suggest barriers to accessing benefits or a lack of awareness about how to use them effectively.

4. DISCUSSION

Every human being has the fundamental right to health. India has pledged to offer all of its resident's universal health coverage by 2030, however achieving this goal by the deadline appears to be fraught with difficulties, including obtaining the necessary funds and skilled labor. Research also reveals the egregious underutilization of public health services, while the private sector has been expanding gradually due to its ability to address the demands of the general population and prioritize the "felt needs" of the neighbourhood.[7]

In the Present study 49% of the Participants prefers Allopathy and 12.2% Ayurveda medicines and 28.6% Prefers Home Remedies when they fall sick. Another Similar study by Yerpude PN et.al reveals that approximately 75.91% of research participants were undergoing treatment. The majority of them (66.35%) were receiving allopathic care. It was shown that just 7.69% of research participants were receiving homeopathic treatment for their medical issues. About 41.35% of research participants were following their prescribed course of action. The high expense of treatment (39.34%) was the most frequent cause of noncompliance, followed by the belief that medication was unnecessary (29.51%).[8]

The Present study participants are between the ages of 25 and 55 years age group, with a few percentage being 60 and 70 years age group. A 24.5% participants are illiterate, and a 24.5% participants are Primary completed their Primary education. The majority of participants work in agriculture, with a smaller percentage in business and as daily wage workers. The majority of participants are male, with the majority earning an annual income of above Rs 20,000 or more, and nearly all of them come from below the poverty line. Another study by Wilfred B. Adongo et.al Under-Resourced Communities in Ghana Overall, revealed that out of the 404 participants, men made up the majority (73.8%) of those interviewed. The responders ranged in age from eighteen to over fifty-five years. Among the participants, farmers made up about 61%. The average household income of around 44% of the participants was less than $400 USD. Their towns were dispersed, therefore the distance to the closest medical institution varied.[9]

In the current study very few of them are spend more than 100-1000 Rupees and 4.2% of the respondents spend more than 5,000Rupees to 100,000 Rupees for treatment purpose in past three months. Another study by Gotsadze et.al Health care-seeking behaviour and out-of-pocket payments in Tbilisi, Georgia revealed that the average amount spent by those who paid for their own medical care was 13.32 Lari (1 Georgian Lari=31.21Rs in Indian Rupees). About 10.5 Lari of this sum were used to buy drugs; the remaining amount was used to pay for other self-prescribed services and the average cost per appointment for individuals requesting outpatient care was significantly higher, at 48.22 Lari. This suggests that self-treatment is less expensive than regular medical visits.[10]

The current study shows that 69.4% of respondents have health insurance, 30.6% of participants do not, and 67.3% of respondents have both Employees State Insurance Corporation (ESI) and Ayushman Bhararth health insurance. Very few of the participants have Above Poverty Line (APL) or Anthyodaya cards, and none of them have used their health insurance. The majority of participants have Below Poverty Line (BPL) cards. Another Similar study by Prinja et.al Role of insurance in determining utilization of healthcare and financial risk protection revealed that 41.87% of the respondents comes under Below Poverty Line and having health insurance and 12.69% of the respondents are utilised the health insurances like Rastriya Swasthya Bhima Yojana, Social Health Insurance, State Government Schemes, Private Insurances.[11]

5. CONCLUSION

The study reveals that health-seeking behavior in the rural community of Gadag is predominantly characterized by a preference for allopathic medicine and government healthcare facilities, largely due to affordability and accessibility. However, traditional practices and home remedies still hold significance, indicating a blend of modern and traditional health practices. Financially, most households did not face substantial costs from healthcare in the past three months, likely due to the minor nature of reported illnesses and the use of free services. Despite the availability of health insurance schemes like Ayushman Bharat and ESI, their utilization remains notably low, highlighting potential barriers in awareness or access.

6. Recommendations

1. Enhance Awareness and Accessibility of Health Insurance Schemes
2. Strengthen Healthcare Infrastructure in Rural Areas
3. Promote Integrative Health Practices
4. Implement Community-Based Health Education Programs
5. Develop and Promote Telemedicine Services

6. Limitations

1. This Study is limited for Gadag district
2. This Study is limited to Only One Village
3. This Study is limited to Nargund taluk Hunashikatti village

7. Ethical Approval

Institutional Ethical approval obtained from School of Social Sciences and Rural Reconstruction, Karnataka State Rural Development and Panchayat Raj University, Gadag.

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