

## Abstract

The objective of the present study was to explore health seeking behaviour pattern in the rural population in the district of Kegalle. Three approaches designated as three components of the study were included. Component 1 was a community based study of a sample of 1200 households, using an interviewer administered questionnaire. In this study, pattern of movement of respondents from one treatment option to another for a given illness was studied using hypothetical situations. Component 2 was the institutional based study in 12 state and 18 private healthcare facilities where a sample of 2221 patients attending 90 clinic sessions were interviewed. In this component, characteristics of patients, different illness patterns presented to facilities and the cost incurred by the patients were studied. In the third component 30 in-depth interviews were conducted in three villages to study the perceptions of the community and the healthcare providers within the community on health seeking behaviour pattern.

Findings of the study are based on those three components, which compliment each other.

Three patterns of health seeking behaviours could be identified for a given illness episode. A majority, who preferred western treatment initially, is likely to continue the same option throughout. Those who prefer self care initially tend to shift towards western treatment subsequently. The third pattern was illness specific and was likely to depend on the beliefs on the aetiology of the illness and/or the beliefs on the available treatment methods.

It was shown that when the origin/cause of illness is within the patient or in the surroundings, and could be readily understood by the patient, they utilize conventional methods of treatment. When the implicated cause of the illness cannot be attributed to a clear-cut cause/s, there is a higher tendency for the patients to resort to an array of treatment methods, dominated by rituals.

A majority had used a state western facility (65.5%) while second highest percentage had used private western facility (29.5%). Other sources of healthcare had been utilized

minimally. The institutional based study indicated that in a majority of instances the institutional care was sought in second or third step of treatment seeking.

Complaints relating to respiratory system were most prominent among those who presented at the western facilities while Ayurveda facilities recorded complaints relating to musculoskeletal system. Patients with complaints of acute onset visited the western facilities more often, whereas predominantly chronic and long-term complaints were seen at Ayurveda facilities.

It was seen that the ritualistic healer was the closest healthcare provider to the households. Of the formal health facilities private western practitioner (3.1 km) was the closest to households while state Ayurveda (5.7km) was most distantly located.

In general, the lowest cost was incurred by patients utilizing state western facilities in respect to most of the parameters used while patients attending private Ayurveda facilities had to bear the highest cost. In considering the private sector facilities, Ayurveda treatment is more expensive than the western treatment in all aspects.

Multivariate analysis using logistic regression identified that the predictors for utilization of private western facilities were per capita income ( $\beta = 0.691$ ) and the social class ( $\beta = 0.775$ ). Both these variables are related to the economic status of the people.

According to community perceptions, lower utilization of Ayurveda facilities are partly related to service factors such as unavailability of competent practitioners, difficulties in preparing medicines, substandard quality of medicines and the high cost to the patient, which shift rural population towards the western medical system. However, Ayurveda/traditional treatment was still predominantly used for selected illnesses i.e. fractures, snakebites and *vatha roga*.

Self care is a major source of care in most illness episodes. Thus, promoting proper self care could contribute towards improvement in health seeking behaviour. Health seeking

behaviour patterns seen at community level should be taken into consideration when planning for improvement in the health sector. Improving the accessibility and quality of rural health centers and strengthening the Ayurveda facilities to enhance healthcare delivery would contribute to positive changes in health seeking behaviour.

