A population based study on the health seeking behaviour among the fishermen community for their illness in Ennore creek

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Abstract

Background/Objectives: This work reports the health seeking behaviour for their recent illness among the fishermen community and the factors influencing their health seeking behaviour.
Methods and Analysis: This study was conducted among the fishing community in Ennore Creek which is located at the fringe area of North Chennai of Thiruvallur District, Tamilnadu. The study population included individuals with illness who are living in the nine fishing wards of Ennore Creek for the last six months. The cluster sampling method was adopted and 30 clusters were randomly selected by the probability proportionate to size (PPS) method. The structured questionnaire was used to collect information regarding background characteristics, details on illness in the last six months and details on their health seeking behaviour. Data entry and analysis was done using Statistical Package for Social Sciences (SPSS) version 15 software. Descriptive statistics were calculated for background variables, types of illness and their health seeking behaviour. Association between the factors and the health seeking behaviour was analysed by test of proportions and chi –square test was used as a statistical test of significance.
Findings: A total of 780 individuals were enrolled in the study. They were selected based on the history of at least one illness during the last six months. Among the subjects who had reported to have had illness in the last six months 696(89.2% with 95% CI from 87% - 91.4%) of them sought care while 84(10.8% with 95% CI from 8% - 12.4%) of the study subjects did not seek care. Age, gender, educational status, marital status, duration of illness, perceived severity of the illness, restriction in regular activity and loss of working days / wages had an influence while standard of living did not have an influence on the health seeking behaviour of the community. The reasons stated by the subjects for not seeking care for their illness were family reasons 78 (92.9%), economic reasons 75 (89.3%), cultural reasons 5 (6%) and other reasons 73 (86.9%).
Application/ Improvements: The outcome of this study emphasizes the understanding of the health seeking behaviour of the fishing community which is primarily important for effective utilization of the healthcare services and ultimately to render national programs and policies successful.

Keywords: Health seeking behaviour, Fishermen community, Ennore Creek.

1. Introduction

Health, like education, is among the basic capabilities that gives value to human life says the Nobel laureate Amartya Sen [1]. The right to health extends not only to timely and appropriate healthcare but it is essential to address the importance of its underlying determinants. The fishermen community are socially, economically and educationally disadvantaged and lack their own financial resources and in fulfilling their basic needs [2]. In addition to the poor socio – economic status; low literacy levels and lack of awareness does play a major role in prioritizing health and the utilization of healthcare services among this community. From the available literature search, it was evident that there are no studies done on the health seeking behaviour among the fishermen community. Population – based studies about fishermen are few [3] and even globally the information on these issues is not addressed adequately.

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without the distinction of race, religion, political belief, economic or social condition – WHO Constitution [4]. Health care embraces a multitude of services provided to individuals or communities by the agent of health services for the purpose of promoting, maintaining, monitoring or restoring health [5]. An accurate understanding of healthcare use is needed to inform and implement appropriate policies.

Health seeking behaviour in terms of illness behaviour refers to those activities undertaken by the individuals in response to symptom experience [6]. Health seeking behaviour is influenced by a large number of factors apart from knowledge and awareness [7]. This behaviour among different populations, particularly in the fishing communities, is a complex outcome of many factors operating at individual, family and community level [6].

Globally, fishing community is one of the disadvantaged groups as it bears the denial of healthcare reforms in terms of receiving health care services. A study done in Bangladesh reported that the fishermen are a highly disadvantaged and neglected class in the society [2]. Disadvantaged population are defined as "groups with diminished capacity to take advantage of opportunities for better health and who are often denied those opportunities, whether due to internal or external factors" [8]. They are characterised by their inability to participate fully in social and economic activities, as well as those pertaining to decision making and this social exclusion denies them the consumption of essential goods and services such as health care that are available to others [9].

2. Materials and Methods

This study was done as a population based cross – sectional study among the fishing community in Ennore Creek which is located at the fringe area of North Chennai of Thiruvallur District, Tamil Nadu. Ethical clearance was obtained. Ennore Creek has twenty four wards with a total population of 35,646 out of which nine wards belong to the fishing community with a total population of 14,461. There are sixty streets in the nine wards with 3,219 families that belong to fishing community. The population in Ennore Creek are served by a government municipal dispensary, one private nursing home and ten private practitioners.

2.1. Inclusion criteria

Only individuals with illness who are living in the nine fishing wards of Ennore Creek for the last six months and had given the informed consent were included in the study.

2.2. Sampling method

The cluster sampling method was adopted and 30 clusters were randomly selected by the probability proportionate to size (PPS) method in a manner which has been described below.

2.3. Sample size

As there are no studies done on the health seeking behaviour among the fishermen community, the prevalence has been assumed to be 50% with alpha error of 5%, limit of accuracy of 10% and a design effect of 2, the minimum sample size required for the study was 768. The cumulative population of the sixty streets was prepared for selecting 30 clusters by PPS method. The sampling interval was determined by dividing the total cumulative population (14461) by the total number of clusters (30). The sampling interval obtained was 482. Thirty clusters were selected by probability proportionate to size (PPS) method and the number of individuals selected in each cluster was 26 and therefore total number of individuals studied was 780.

2.4. Study tool

A structured questionnaire was developed in English, which was then translated in the local language and again re – translated into English to ascertain that the questions conveyed the same meaning in the both the languages. This questionnaire was pretested among the fishermen community residing at Thiruvottriyur, Thiruvallur District, Tamil Nadu (not part of actual study area) for ascertaining consistency, appropriateness of language, sequencing of questions and to have an insight into the field operation procedure.

The structured questionnaire thus developed was used to collect background information, details on illness in the last six months, details of the symptoms of the illness, duration of illness, observation of records regarding the treatment, their perceived severity, details on restricted activity, details on loss of working days / loss of wages. The individuals who had reported to have any illness in the last six months were further enquired as to whether they sought care for their illness and if they had not sought care the reasons for seeking care was questioned.

2.5. Data collection

A written informed consent was obtained prior to the interview. Accordingly 780 study subjects were selected based on the presence of at least one illness during the last six months. If the household had more than one individual with illness, the individual who had the most recent illness was selected as the study subject. With regard to the illness, if the study subject had suffered from one illness the details about that particular illness was enquired. If the study subject had suffered from more than one illness, any one illness was randomly selected using random number tables. The random selection of illness was adopted to avoid any kind of bias in selection of the illness and also would facilitate to obtain a fair mix of acute and chronic diseases.

2.6. Data compilation and analysis

Data entry and analysis was done using Statistical Package for Social Sciences (SPSS) version 15 software. Descriptive statistics were calculated for background variables, types of illness and their health seeking behaviour. Association between the factors and the health seeking behaviour was analysed by test of proportions and chi – square test was used as a statistical test of significance.

3. Results

The study included 780 individuals who were selected based on the history of at least one illness during the last six months.

3.1. Socio – demographic profile of the study subjects (Table 1)

Mean age of the study subjects were 31.8 years (standard deviation of 19.014), median of 30 years and the age ranged between a minimum of 3 months and a maximum of 78 years. It was found that 327(41.9%) were males while 453(58.1%) were females. In this study, majority of 410(52.6%) subjects belonged to Hindu Community.

Among the study subjects, 256 (37.7%) of them were illiterates while 74 (10.9%) subjects have had education beyond high school. With respect to occupation, it was found that 171(21.9%) subjects were fishermen while 222(28.5%) subjects were fish vendors and 74 (9.5%) subjects were engaged in non fishing jobs. In this study, 434(55.6%) subjects were married while 104 (13.3%) of them were either widowed or separated or divorced. None of the study subjects who were aged less than 18 years were married.

Among the study subjects, 464(59.5%) hailed from nuclear families while 22 (2.8%) subjects were either uni – member or belonged to the family of single parent with children. In this study, 413 (52.9%) subjects belonged to family with members less than or equal to four and the mean size of the family of the study subjects was 4.5 (median of 4) and it ranged between a minimum of 1 and maximum of 11 members. Among the study subjects, 507 (65%) belonged to category of low standard of living while 38 (4.9%) belonged to the category of high standard of living.

3.2. Details of illness among the study subjects (Table 2)

Among the 780 subjects who had reported to have had any illness in the last six months, 318(40.8%) subjects the illness lasted for about two weeks while for 462(59.2%) subjects the duration of illness was more than two weeks. The mean duration of illness was 194 days (median of 45 days) and it ranged from 1 day to 18 years.

Among the subjects who have had illness, 213(27.3%) of them reported to have some restriction in their activity while 567(72.7%) did not have any restriction in their activity. Among the 213 subjects who had some restriction in their activity 74(34.7%) subjects reported that their activities were restricted up to 2 weeks while 139(65.3%) subjects reported to have restricted activity beyond 2 weeks.

Among the study subjects it was found that 377(48.3%) of them reported to have some loss of working days/loss of wages while 403(51.7%) subjects did not have any loss of working days/ loss of wages. Among the 377 subjects, it was found that for 96 (25.5%) subjects the duration of loss of working days/loss of wages was for a period of 2 weeks while for 281(74.5%) subjects it was beyond 2 weeks.

Among the study subjects, 546(70%) subjects perceived the severity of the illness as moderate while 80(10.3%) subjects perceived the illness to be severe.

Table 1. Background information of study subjects with illness (n = 780)

Background details of subjects with illness	n	(%)
Age (n = 780)		
0 – 4 years	062	7.9
5 – 14 years	110	14.1
15 – 49 years	431	55.3
50 – 59 years	097	12.4
Above 60 years	080	10.3
Gender (n = 780)		
Male	327	41.9
Female	453	58.1
Religion (n = 780)		
Hindu	410	52.6
Christian	238	30.5
Muslim	132	16.9
Education (n = 679)*		
Illiterate (above 7 years of age)	256	37.7
Primary Education – upto 5th Std	211	31.1
High School 6th – 10th Std	138	20.3
Higher Education (Higher Secondary and College Education)	074	10.9
Occupation (n = 623)		
Fisherman	171	27.4
Fishvendor	222	35.6
Non Fishing Jobs	074	11.9
Housewife	117	18.8
Unemployed	008	1.3
Student (above 14 years of age)	031	5.0
Marital Status (n = 780)		
Married	434	55.6
Unmarried (above 18 years of age)	057	7.3
Widower + Divorced	104	13.3
Less than 18 years	185	23.8
Type of Family		
Nuclear Family	464	59.5
Joint Family	294	37.7
Others	022	2.8
Family Size		
Less than or Equal to 4	413	52.9
More than 4	367	47.1
Standard of Living Index		
High	038	4.9
Medium	235	30.1
Low	507	65.0

(The numbers in the parentheses indicate percentages),
(* Subjects less than 7 years of age were excluded from analysis)

Table 2. Details of Illness among the study subjects (n = 780)

Details of illness among the study subjects	n	(%)
Duration of the Illness among the study subjects		
Less than / Equal to 2 weeks	318	40.8
More than 2 weeks	462	59.2
Restricted Activity		
Yes	213	27.3
No	567	72.7
Loss of Working Days		
Yes	377	48.3
No	403	51.7
Perceived Severity of the Illness		
Mild	154	19.7
Moderate	546	70.0
Severe	080	10.3

3.3. Details of availing treatment for their illness among the study subjects (Table 3)

Among the subjects who had reported to have had illness in the last six months 696(89.2%) of them sought care while 84(10.8%) of the study subjects did not seek care.

Table 3. Choice of availing treatment for illness among the subjects (n = 780)

Availing of Treatment	N	(%)	95% CI
Treatment taken	696	89.2	87.0 – 91.4
Treatment not taken	084	10.8	8.0 – 12.4

In this study among the 696 subjects who had sought care 466(67%) of them stated that they sought care within 2 weeks of developing the symptoms while for 230(33%) subjects the delay in seeking treatment was more than 2 weeks. The mean duration in days with regard to delay in seeking treatment for their illness was about 55 days (median of 4 days) and it ranged from 1 day to 4.5 years.

3.4. Factors influencing the health seeking behaviour of the study subjects

The factors (socio – demographic profile and the details of the illness) influencing the health seeking behaviour of the study subjects are presented in Table 4.

3.5. Reasons for not seeking care for their illness

Among the subjects who had reported to have had illness in the last six months 696(89.2%) subjects sought care while 84(10.8%) of them did not seek care. Among the reasons stated by the subjects for not seeking care for their illness were family reasons 78 (92.9%), economic reasons 75 (89.3%), cultural reasons 5 (6%) and other reasons 73 (86.9%).

Table 4. Factors influencing the health seeking behaviour of the study subjects (n = 780)

Factors	Treatment Taken		Treatment Not Taken		χ^2 value	p value
	n	(%)	N	(%)		
	696	**89.2**	**84**	**10.8**		
Characteristics of the subjects						
Age in years						
0 – 14 years	171	99.4	01	0.6	42.219	0.000
15 – 59 years	467	88.4	61	116		
Above 60 yrs	058	72.5	22	27.5		
Gender						
Male	316	96.6	11	3.4	32.132	0.000
Female	380	83.9	73	16.1		
Educational Status (n = 679)*						
Illiterate	205	80.1	51	19.9	26.493	0.000
Primary Education	190	90	21	10.0		
High School	128	92.8	10	7.2		
Higher Education	073	98.6	01	1.4		
Marital Status (n = 595)**						
Married	381	87.8	53	12.2	24.978	0.000
Unmarried	056	98.2	01	1.8		
Widowed and Divorced	075	72.1	29	27.9		
Standard of Living Index						
High	037	97.4	01	2.6	3.092	0.213
Medium	211	89.8	24	10.2		
Low	448	88.4	59	11.6		
Details of the Illness						
Duration of Illness						
Less than 2 weeks	313	98.4	05	1.6	47.257	0.000
More than 2 weeks	383	82.9	79	17.1		
Perceived Severity						
Mild	130	84.4	24	15.6	13.398	0.003
Moderate	486	89	59	10.8		
Severe	80	100	01	1.2		
Restriction of Activity						
Yes	206	96.7	07	3.3	17.074	0.000
No	490	86.4	77	13.6		
Loss of working days						
Yes	366	97.1	11	2.9	46.809	0.000
No	330	81.9	73	18.1		

(*Subjects less than 7 years of age were excluded, **Higher Secondary and College Education)

(***Subjects less than 18 years of age were excluded)

4. Discussion

The present study was done on the health seeking behaviour among the fishermen community encompassing all age groups and all types of illness. The proportion of subjects who sought care for their illness were found to be 89.2% (95% CI from 87% - 91.4%).

4.1. Age and health seeking behaviour

In the present study among the subjects who had reported to have any illness in the last six months, 89.2% of them sought care. Among them it was found that children less than 14 years of age (99.4%) were more likely to seek care for their illness than the elderly (72.5%).

This study provides the evidence that the age of the subjects has an influence on seeking care and this study highlights that as the age increases, the number of subjects who seek care declines. In a study conducted in the slums of Nairobi among the under five children showed that 62.5% of the children below 1 year while 42.5% of the children older than 4 years sought care for their illness and emphasised the fact that age did influence the health seeking behaviour [10]. Although this study is in concordance with the present study and reiterates the fact that the age has an influence on the health seeking behaviour yet the study population in this study included only under-five children and did not encompass all age groups as the present study. A study conducted among the fishermen community in Pondicherry showed that age of the subjects did not have an influence in their health seeking behaviour [11]. Ahmed et al in his work studied to ascertain how their behaviour differs from that of younger people aged between 20 – 59 years and the elderly living in the same household and to discover the determinants of health seeking behaviour [12]. It was observed that there was no significant difference in health seeking behaviour between the elderly and the younger adults. This discrepancy is because of the fact that the study population in both the studies did not encompass of all age groups as the present study.

4.2. Gender and health seeking behaviour

It is important to document that although number of female subjects who reported to have illness outnumbered the male subjects, it was found that higher proportion of males (96.3%) sought care for their illness than females (84.1%). This shows that gender has an influence on their health seeking behaviour. This discrepancy is probably for the fact that men being the care takers of the family report illness only if it severe and hence it warrants them to seek care. Even if women suffered from illness; relatively lesser proportion of them sought care was perhaps because health was not given a priority it deserves and they believe that spending for health is an unnecessary expenditure.

In a study conducted in the urban slums of Nairobi on the determinants of health care seeking for childhood illness it was found that that 52% of the boys and 48% of the girls sought care and gender of the child had an influence on health seeking behaviour [10]. A study by Ahmed et al revealed that the probability of men to seek from qualified allopaths was found to be greater than women (OR 1.64, $p < 0.05$) [12]. Although the above studies were in concordance with the present study yet the study population in these studies did not encompass all age groups as the present study. However, on the contrary a study conducted among the fishermen community in Pondicherry showed that gender of the subjects did not have an influence in their health seeking behaviour [11].

4.3. Education and health seeking behaviour

The subjects who have had higher education (98.6%) were more likely to seek care for their illness than the illiterates (80.1%) and it reiterates the fact that educational status of the subjects has an influence on their health seeking behaviour. In a study exploring health seeking behaviour of disadvantaged populations in rural Bangladesh revealed that literacy of the household head had a significant role in seeking healthcare (OR 1.30, $p < 0.001$) [12]. Although education seems to have a bearing, it is important to acknowledge that they sought care only when they perceived the illness to be severe or when it is posed to be threat to their working ability.

4.4. Marital status and health seeking behaviour

It was interesting to note that the unmarried (98.2%) subjects and married subjects (87.8%) were more likely to seek care than the widowed / divorced (72.1%) subjects and provides evidence that the marital status does influence their treatment seeking pattern.

4.5. Standard of living and health seeking behaviour

Subjects who belonged to the category of high standard of living (97.4%) were more likely to seek care than those who belonged to the category of low of standard of living (88.4%). In this community it was found that the vast majority of the subjects belonged to the category of low standard of living and it is only imperative to record that the higher proportion of subjects who reported to have illness belonged to the category of low standard of living when compared to other categories. Despite the fact, there exists an inverse trend in the number of subjects who sought

care and the level of standard of living. However this difference in the standard of living did not have an influence on their health seeking behaviour.

Similarly a study conducted among the fishermen community in Pondicherry showed that standard of living did not have an influence on their health seeking behaviour [11]. In a study undertaken in an urban slum in eastern Kolkata, India revealed that there were no significant differences in healthcare-use behaviour [13]. The present study is in concordance in the above studies despite the variation in the study population. On the contrary an earlier study conducted in the slums of Nairobi revealed that the subjects who belonged to high socio-economic status (OR 1.2, 95% CI– 0.86 – 1.68, $p > 0.05$) were more likely to seek care than low socio – economic status [10].

4.6. Duration of the illness and health seeking behaviour

Duration of illness had an influence in the treatment seeking pattern and it was found that those with illness of duration less than 2 weeks (98.4%) were more likely to seek care than those who suffered with illness of duration more than 2 weeks (82.9%).

4.7. Perceived severity of the illness and health seeking behaviour

Perception of severity of their illness by the subjects did have an influence on their treating seeking pattern. The subjects who perceived the illness to be severe (98.8%) were more likely to seek care than those who perceived their illness as mild (84.4%). In a study undertaken in an urban slum in eastern Kolkata, India, it was found that severity of the disease influenced the choice of the healthcare provider in 65% of the respondents [13]. In a previous study stated that those who perceived the severity as severe (OR – 4.02, 2.63 – 6.12, $p < 0.001$) and moderate (OR – 2.41, 1.63 – 3.56, $p < 0.001$) were more likely to seek care than those who perceived the illness to be mild (OR – 1) [10]. The present study is in concordance with the other compared studies despite of the variation in study population.

4.8. Restriction ofactivity due to the illness and health seeking behaviour

Subjects who had restriction in their regular activities (96.7%) were more likely to seek care for their illness than those who did not have any restriction in their regular activity (86.4%) and this difference was found to have an influence in their health seeking pattern.

4.9. Loss of working days / wages and health seeking behaviour

Loss of working days or wages had an influence on their health seeking behaviour and it was found that subjects who had loss of working days or wages due to illness (97.1%) were more likely to seek care for their illness than those who did not have any loss of working days or wages (81.9%). It is evident from this study that in this community most of them were fishermen, fish vendors, labourers, building construction workers and helpers in the export companies. It was admitted by most of them that their income depends on the fish catch which apparently varied from day to day. They acknowledge that they do not have any schemes to protect their health and therefore have to save the best for the rainy days. Irrespective of their occupation it is clear that most of them belong to the category of low standard of living. Most of them in this community have blue collared jobs and depend on their daily wages to meet the expenses Hence it is vivid that loss of wages and hence their income play a pivot role in their health seeking behaviour.

5. Conclusion

Health has been declared as the fundamental human right. Time and time again the importance of the entire community as an integral part of socio – economic development has been endorsed and this conviction has the harbinger for the formulation of health policies and declarations related to health. Health seeking behaviour is an important factor in health management: therefore strategic policy formation in all health care systems should be based on information relating to health promoting, seeking and utilization behaviour and the factors determining these behaviours.

The proportion of subjects who sought care for their illness was found to be 89.2% among the fishing community from all age groups with 95% CI from 87% to 91.4%. Age, gender, educational status, marital status, duration of illness, perceived severity of the illness, restriction in regular activity and loss of working days / wages had an influence while standard of living did not have an influence on the health seeking behaviour of the community.

Utilization of a healthcare system may depend on socio-demographic factors, level of education, cultural beliefs and practices, gender discrimination, status of women, economic and political systems environmental conditions. The decision makers in the health sector are recognising the need for understanding the health seeking behaviour of the community and its acceptance and usage of traditional and modern methods, thereby the perception of the community with regard to health services and service providers involved in health sector [14]. Therefore, lucid understanding of the health seeking behaviour of the community is primarily important for effective utilization of the health care services and ultimately to render national programs and policies successful.

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