

HEALTH SEEKING BEHAVIOR AMONG PSYCHIATRIC PATIENTS ATTENDING PSYCHIATRY OUTDOOR OF A TERTIARY CARE HOSPITAL

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ABSTRACT

Background: Psychiatric illness is mental disorder or mental illness that can be explained as mental or behavior pattern that causes either suffering or poor ability to function in ordinary life. In our country psychiatric problems are increasing day by day. Very little has been done in South Punjab in this regard. **Objective:** To assess the health seeking behavior among psychiatric patients attending Psychiatric OPD of Sheikh Zayed Hospital, Rahim Yar Khan. **Methodology:** Study Design: Cross-sectional study. Setting: Psychiatry Outdoor, Sheikh Zayed Hospital, Rahim Yar Khan. Duration: From 15th February to 15th May 2016. Sample Size: 116 patients were interviewed. A predesigned and pre-tested questionnaire was used for the data collection. Subjects of study were all the patients who were suffering from Psychiatric illness between 18-65 years of age and of either sex. A total of 116 consecutive patients were included in the study. The questionnaire was prepared and presented. It included variables on age, sex, socioeconomic status, family history, occupation, marital status & education and questions on health seeking behavior, like Health care provider, 1st contact, 2nd contact, 3rd contact and 4th contact, distance travelled for health care. All data was collected after getting informed verbal consent from patients. Data was entered and analyzed by using SPSS 16. The frequencies and percentages were calculated on categorical variables. Means and Standard Deviation were calculated on numerical variables. The data was entered and analyzed by using SPSS version 16. **Results:** There were total of 116 subjects included in study. 64% patients were males and 36% were females. 32.8% were illiterate while 36.2% had primary level education. 81% mothers and 46.6% fathers of patients were illiterate. 63.8% patients were married and 67.2% were living in urban areas. Among 116 patients, 41.4% has depression, 19% epilepsy, 17.2% anxiety, 12.1% schizophrenia and 10.3% insomnia. Out of those, 56.9% of the patients went to Spiritual healer, 20.7% to Psychiatrist, 13.8% to Physician and 8.8% to Hakim overall in the study for the treatment of their psychiatric problems. **Conclusion:** This study showed that more than half of the patients with psychiatric problems went to Spiritual healers as first contact for health care. There is a dire need of health education programme to launch for the sensitization of people regarding to improve quality of life of psychiatric patients and improve health seeking behaviour.

Key words: Health seeking behavior, Psychiatric patients, Tertiary care hospitals

INTRODUCTION

Mental disorders may affect one out of four people during their lives.¹ We are living in a world full of machines and interaction of human beings with machines is much more as compared to other human beings. As the human being is travelling on the road of modernization, these problems are increasing with speed. The global burden of diseases of mental illness is high and is expected to rise in future.³ Most people suffering from mental health problems live in the developing countries, where they often do not receive the treatment they need even though it may be available and generally inexpensive.⁴ There is a double burden, with decreasing but still high rates of infectious diseases along with increasing rates of non – communicable diseases including mental disorders.⁵ It has been shown that psychiatric disorders account for a quarter of family

physician,⁶ with depression and anxiety being the most common diseases encountered by family doctors.⁷ From these facts we can understand that psychiatric disorders accounts for a big burden on the health system in the developing countries like Pakistan.

Health seeking behavior is defined as an action undertaken by individuals who perceive themselves as having a health problem or to be ill for the purpose of finding an appropriate remedy.⁸ Only the minority of people with mental diseases seek professional help.⁹ Health seeking behavior is associated with socio-demographic factors, such as age, sex, education, socio-economic status, race and ethnicity, religion and marital status.¹⁰ When dealing with health seeking behavior of people with psychological symptoms as they have to face the existing stigma of mental diseases in general population.^{11,12} Health seeking behavior of people is very complex in a

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population and one can reach to a diagnosis if gets thoroughly the history of the patients with mental illness in order to improve the quality of health care of our country. This study was conducted to assess health seeking behavior among psychiatric patients attending Psychiatry outdoor of a tertiary care hospital in Rahim Yar Khan.

METHODOLOGY

Study Design: Cross sectional study. **Study Setting:** Outdoor of Psychiatry Department of Sheikh Zayed Hospital, Rahim Yar Khan.

Study Subjects: All the patients who were suffering from Psychiatric illness between 18-65 years of age of both sexes. **Sample Size:** A total of 116 consecutive patients were included in the study. **Sampling Techniques:** Non Probability Consecutive sampling technique. **Duration of study:** Duration of study was from 15th February to 15th May 2016. **Inclusion Criteria:** Patients of both sexes & of age between 18 to 65 years, who gave informed consent were included in the study **Exclusion Criteria:** Patients less than 18 years of age and old age patients of 65 years & above.

Data was collected from patients attend outdoor of Psychiatry Department, SZH, R.Y. Khan, using a predesigned questionnaire. The data was collected after taking informed verbal consent. Questionnaire included age, sex, socioeconomic status, family history, occupation, marital status & education as variables. Variables on psychiatric illness include, pattern of illness and overall contact wise choice of health care provider on 1st, 2nd, 3rd and 4th contact. Data was entered & analyzed by using SPSS 16. The frequencies and percentages were calculated on categorical variables. Means and Standard Deviation were calculated for numerical variables i.e age and family income. Whereas categorical variables were presented as percentages like sex, pattern of illness and choice of health care provider

RESULTS

This was a cross sectional study conducted on 116 patients, to assess the health seeking behavior among psychiatric patients attending outdoor of Psychiatry Department. Regarding Sex of patients, 74 (64%) were males and 42 (36%) females. Out of them 42 (36.2%) were primary and 38 (53.8%) were illiterate. (Table I) Age of patients was 27+12 years, Median monthly family

income 10000 PKR and median duration of disease was 4 months. Regarding Marital status of patients 74 (64%) were married, 44(34%) were unmarried and 2 (1%) divorced, whereas, 78 (67.2%) belonged to the rural areas. Regarding Occupation 24 (20.7%) were students, 22 (19%) were farmers and 20 (17.2%) were housewives. 20 (17%) were public servants, 14 (12%) shopkeepers and laborers each and 2 (2%) private servants.

Table I: Education of the patient

Education	Frequency	Percent
Illiterate	38	32.8
Primary	42	36.2
Metric or FSc	28	24.1
Bachelor and above	8	6.9
Total	116	100.0

Table II: Pattern of Psychiatric Illness among Patients

Illness	Frequency	Percent
Depression	48	41.4
Epilepsy	22	19.0
Anxiety	20	17.2
Schizophrenia	14	12.1
Insomnia	12	10.3
Total	116	100.0

Regarding pattern of psychiatric illness of patients 48 (41.4%) has depression, 22 (19%) epilepsy, 20 (17.2%) anxiety, 14 (12.1%) schizophrenia and 12(10.3%) has Insomnia. (Table II)

Regarding First contact with Health Care Provider, 68 (58.6%) went to Spiritual healer for treatment, 20 (17.2%) to psychiatrist, 18 (15.5%) to Physician, 10 (8.6%) went to Hakim for treatment. Regarding Second contact, 64 (55.2%) consulted Psychiatrist, 24(20.7%) physicians, 18 (15.5%) no consult with any one, 6 (5.2%) to Hakim and only 4 (3.4%) went to Spiritual Healers for treatment. As far as third contact was concerned 72 (62.1%) consulted no one for treatment, 38(32.4%) to psychiatrist, 4(3.4%) to Spiritual healer and 2(1.7%) went to Hakims for treatment.

Table III: Contact wise choice of Health Care Provider

First contact	No (%)	Second Contact	No (%)	Third Contact	No (%)	Fourth Contact	No (%)
Spiritual healer	68(58.6%)	Spiritual healer	4 (3.4)	Spiritual healer		Spiritual healer	
Psychiatrist	20(17.2%)	Psychiatrist	64 (55.2)	Psychiatrist		Psychiatrist	
Physician	18(15.5)	Physician	24 (20.7)	Physician		Physician	
Hakim	10 (8.6)	Hakim	6 (5.2)	Hakim		Hakim	
Total	116(100)	Total	116 (100)	Total		Total	

Table V: Contact wise expenditure (Rs) Incurred during each visit

Contact wise Expenditures				
Characteristics	First contact	Second contact	Third contact	Fourth contact
Mean	1811	1885	1092	3000
Median	500	1000	500	3000
Mode	0	500	0	0
Std. Deviation	3978.5	2561.4	1784.8	4242.6
Minimum	0	0	0	0
Maximum	25000	10000	6000	6000

Table IV: Overall choice of health care provider by psychiatric patients

Health providers	Frequency	Percent
Spiritual Healer	66	56.9
Psychiatrist	24	20.7
Physician	16	13.8
Hakim	10	8.6
Total	116	100.0

Regarding Fourth contact with health care provider 110 (94.8%) consulted no one for treatment and 6(5.2%) went to psychiatrist for treatment. (Table III). Overall treatment source for patients was 66(56.9%) Spiritual healer, 24(20.7%) psychiatrist, 16(13.8%) physicians and 10(8.6%) Hakims. (Table IV). Contact wise expenditure is shown in table V.

DISCUSSION

This study was conducted to assess the health seeking behavior among psychiatric patients attending OPD of psychiatry Department Sheikh Zayed Hospital Rahim Yar Khan. In this study, median age of the patient was 27 years, median family income of the patient was 10000 (PKR) and median duration of the disease of the patient was 4

months. Our study showed that 64% patients were males while in another study compared to our study female patients were more showing more burden of disease in females.¹³

In this study, 36.2% of the patient has education up to Primary level and 33% were illiterate, whereas, in a study by Nitin Mishra,¹⁴ showed that the patients belonged to diverse education background with 18% being illiterate and about one third having received university education. Our study showed that 81% of patient's mothers were illiterate and 46.6% of patient's fathers were illiterate. Median expenditure was low in first in contact (Rs=500) and high in fourth contact, median Rs=3000. The median distance was low in first contact (10 km) and high in fourth contact, median 35km.

Our study showed that 20.7% of the patients were students, 19% were farmers and housewife and public servants were 17.2% each. Our study showed that 63.8% of the patients were married and 34.5% of the patients were unmarried. Our study showed that 67.2% of the patients belonged to urban area and 33.8% belonged to rural area.

Our study showed that 41.4% of the patient have depression, 19% epilepsy, 17.2% anxiety, 12.1 % schizophrenia and 10.3 % insomnia, whereas, in a study by Samuel B. Harvey¹⁵ patients suffering from depression came out to be 10.1% and those

encountering anxiety were 15.2%.

Our study showed that 56.9% of the patients went to spiritual healer, 20.7% to psychiatrist, 13.8% to physician and 8.8% to hakim while in a study by Emily Klineberg 64% patients went to general Physicians.¹⁶

Our study showed that 58.6% of the patient went to Spiritual healer at their first contact, 17.2% went to psychiatrist at their first contact, 15.5% went to physician at their first contact and 8.6% went to hakim at their first contact. A study by Nitin Mishra¹⁴ showed that 45% patients visited Psychiatrist whereas 8% went to spiritual healers on their first contact which is in contrast to our studies, in which patients visiting psychiatrists on their first contact were 17.2% and those visiting spiritual healers were 58.6%.

Our study showed that 55.2% of the patient went to psychiatrist at their second contact in contrast to another study, all patients first need to go to their general practitioners in UK(17), 20.7% of the patient went to physician at their second contact, 15.5% went no where at their second contact, 5.2% went to hakim at their second contact and 3.4% went to spiritual healer at their second contact. We found that 62% of the patient went nowhere at their third contact, 32.8% went to psychiatrist at their third contact, 3.4% of the patient went to spiritual healer at their third contact and 1.7% of the patient went to hakim at their third contact. Regarding fourth contact, 94.8% of the patient went no where at their fourth contact and 5.2% of patient went to psychiatrist at their fourth contact while in Japan, nearly 40% of patients reach psychiatrists directly, and others reach the psychiatrist indirectly after being referred by some other specialists in the general hospitals or private practitioners.¹⁸

Limitation of our study was that we used Non Probability consecutive sampling technique due to financial problems and Strength of our study was that we selected a topic on which very little has been done in our country specially in South Punjab where poverty and low education are big problems that can lead toward psychiatric problems.

CONCLUSION

Our study showed that most frequent source of health care for psychiatric patients were Spiritual healers as compared to one-third who went to

qualified healthcare providers like psychiatrists or physicians. More psychiatric patients got health care from qualified persons as the number of contact increased with passage of time. The cost of health care was high with qualified persons as compared to Spiritual healers. Health education aiming at increasing awareness among general population regarding treatment options for psychiatric illness is recommended to improve the quality of life of people living in South Punjab.

Conflict of Interest

There was no conflict of interest and any financial support regarding this study.

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