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Research Article

Determinants of Health-Seeking Practices among the Urban Muslim Community in Manipur: A Qualitative Analysis

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Article Info

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ABSTRACT

Background: The concept of "health-seeking behaviour" has increasingly emerged as a significant approach for understanding patient choices, the strategies individuals adopt in selecting healthcare options during different stages of illness, and the factors contributing to delays in diagnosis and treatment. In the Indian context, many people often prefer consulting traditional healers rather than qualified medical practitioners. Therefore, this study was undertaken to gain a better understanding of health-seeking behaviour and its determinants among the urban Muslim population residing under the Urban Health Training Centre (UHTC), Kshetrigao.

Objective: The study objectives were to explore health-seeking behaviour, identify the determinants influencing such behaviour, and explore the utilization of available health services among the urban Muslim population in Manipur.

Methodology: A qualitative research design was employed involving Accredited Social Health Activists (ASHAs), mothers of children under five years, elderly individuals, people suffering from Non-Communicable Diseases (NCDs), and pregnant women living in the UHTC Kshetrigao area. Participants were selected using purposive sampling, and data were collected through in-depth interviews and focus group discussions. Manual coding of the data was performed, followed by thematic analysis.

Results: With regard to the roles and responsibilities of ASHAs, most participants reported shortages of medicines and essential kits. The majority of mothers with under-five children were aware of the importance of consulting registered healthcare professionals when their children fell ill. However, some mothers preferred purchasing medicines directly from pharmacies and visited the UHTC mainly for immunization services. Many participants expressed the need for improvements in UHTC Kshetrigao, as accessing tertiary healthcare facilities was often inconvenient due to long distances and extended waiting times.

Conclusion: The health-seeking behaviour among the urban Muslim population in Manipur was generally satisfactory. However, several healthcare system-related and socio-cultural determinants continue to influence healthcare utilization. Strengthening healthcare infrastructure, ensuring adequate availability of medicines and healthcare personnel, and addressing barriers faced by frontline health workers may further improve health-seeking practices and service utilization within the community.

Keywords: Health-seeking behaviour, determinants, healthcare utilization, urban Muslim population, qualitative study.

INTRODUCTION

The concept of 'health-seeking behaviour' has gained increasing attention in recent years as an important approach for exploring and understanding patient preferences, the strategies individuals use to decide which healthcare option to utilize at different stages of illness, and the factors contributing to delays in diagnosis and treatment [1,2]. Health-seeking behaviour is defined as "any activity undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy" [3]. It encompasses the timing and type of healthcare services utilized and may significantly influence population health outcomes [4].

An individual's decision to choose a particular healthcare system, facility, or behaviour is a complex process influenced by personal needs, beliefs, social factors, actions of healthcare providers, and the accessibility and availability of healthcare services. Therefore, healthcare-seeking behaviour cannot be attributed solely to any single social, cultural, economic, or environmental factor. Furthermore, in the Indian context, it is often observed that people may prefer consulting traditional healers or other non-qualified practitioners over formally trained medical professionals, depending on the nature of the illness [5]. Similar practices are also prevalent among the general population in Manipur.

Understanding health-seeking behaviour can help reduce delays in diagnosis, improve treatment compliance, and contribute to better health outcomes [5]. In this regard, Accredited Social Health Activists (ASHAs) play a vital role in shaping and influencing the health-seeking behaviour of the community. However, they often encounter various challenges that may hamper their effectiveness and indirectly affect the overall health of the population they serve.[6-10]

Therefore, the present study was undertaken to explore health-seeking behaviour among the urban Muslim population in Manipur, identify the determinants influencing such behaviour, and explore the utilization of available health services.[11-15] The findings of this study are expected to provide a better understanding of health-seeking behaviour and its determinants among the urban Muslim population residing under UHTC Kshetrigao. The study may also contribute to the development of appropriate healthcare interventions and policy measures aimed at improving healthcare utilization and health outcomes within the community.[15-23]

MATERIALS AND METHODS

A community-based qualitative study was conducted in the areas covered under the Urban Health Training Centre (UHTC) Kshetrigao, Imphal East District, Manipur, among the urban Muslim population. Data were collected using Focus Group Discussions (FGDs) and In-Depth Interviews (IDIs). The study was conducted for a period of 6 months (Jan 2024 to June 2024).

The study participants included Accredited Social Health Activists (ASHAs) with more than one year of experience working under UHTC Kshetrigao, mothers aged 18 years and above having children older than six months, elderly individuals not suffering from terminal illnesses or severe mental disorders, individuals diagnosed with non-communicable diseases (NCDs) for at least one year, and pregnant women aged 18 years and above in the third trimester of pregnancy.

Participants who refused to provide informed consent, were unavailable despite two consecutive visits, or had a family member who was a medical doctor were excluded from the study.

Data were collected using semi-structured interview guides developed for both FGDs and IDIs. At the beginning of each session, participants were informed about the objectives of the study and were encouraged to freely express their views, experiences, opinions, and suggestions. Important verbal and non-verbal responses were documented. Audio recordings of the discussions and interviews were made after obtaining informed consent from the participants. One FGD was conducted among

10 ASHAs and one FGD among mothers of under-five children. IDIs were conducted among pregnant women, elderly individuals, and persons with NCDs until thematic saturation was achieved.

To maintain confidentiality, each participant was assigned a unique identification code. Participants were informed that their participation was voluntary and that they could withdraw from the interview at any stage without any consequences. All interviews and discussions were conducted in the local language and lasted approximately 45–60 minutes. Participants were encouraged to actively participate in the discussions. In addition, relevant contextual information related to the study topic was obtained from the Medical Officer-in-Charge, religious leaders, local club leaders, and Auxiliary Nurse Midwives (ANMs). Data collection was continued until thematic saturation was achieved.

Data Analysis: The audio-recorded interviews and discussions were transcribed verbatim and subsequently translated into English. The transcripts were reviewed repeatedly to achieve data familiarization. Manual coding was performed, and codes with similar meanings were grouped together to generate themes and sub-themes. The findings were analyzed using thematic analysis, and representative participant quotations were used to illustrate the identified themes. The credibility of the findings was enhanced through triangulation of information obtained from different participant groups and data collection methods.

RESULTS

A qualitative study was conducted among Accredited Social Health Activists (ASHAs), mothers of under-five children, elderly individuals, persons with non-communicable diseases (NCDs), and pregnant women residing in areas covered under UHTC Kshetrigao. Various themes and sub-themes were generated in line with the study objectives through thematic analysis.

To identify the determinants influencing health-seeking behaviour among the Muslim population, several FGDs and IDIs were conducted.

A. ASHA workers and health-seeking behaviours

A focus group discussion was conducted among 10 ASHAs to explore their opinions regarding the health-seeking behaviour of the community. They belonged to different villages in and around Kshetrigao. From the discussion, several themes were identified.

Theme 1: Roles and responsibilities of ASHAs that could influence the health-seeking behaviour of the community

Most participants were aware of the roles and responsibilities of ASHAs, as reflected in the following statements:

P3:“ ASHAs have so much roles and responsibilities in terms of anything related to health, immunization, pregnant ladies”- A 42 years old, ASHA

P2:“ We go for home visit also 2-3 times per month or even more if required. Then, we report to the ASHA facilitator”- A 36 years old, ASHA

P4:“ For those with high BP and diabetes, whenever we go for home visit, we ask them if they are taking their medicines regularly and whether their BP is high even after taking medicines. If they are not taking medicines, then to visit a doctor”- A 32 years old, ASHA

However, most of their activities were primarily focused on maternal and child health, particularly pregnant women.

P7:“ Whenever we go for home visit, we tell them if your period is missed then come to us. And if we have velocit then we test at home. If we don’t have, we bring them here. We tell the pregnant lady to visit UHTC at least once every 3 months and another one more visit when nearing due date. We also tell her to visit JNIMS because they cannot give birth here. There are no facilities and no OBG doctor here. So, they need to visit JNIMS also. Then, we

also tell them about JSY."- A 35 years old, ASHA

P1:" We take care of pregnant ladies starting from the moment she gets pregnant, till the baby turns 6 months complete. We counsel them regarding family planning too, such as contraceptive pills and copper T insertion. They consult with us and we bring them here (UHTC Kshetrigao)"- A 40 years old, ASHA

P5:" We take care of the child's immunization too. We tell her when is the due and where to visit. And if we find any child whose immunization is due, which was very common due to COVID-19, we immunize them at one of ASHAs 'house or here." – A 38 years old, ASHA

Theme 2: Opinions of ASHAs that could potentially hamper the health-seeking behaviour of the general population

Sub-themes:

i) Ignorance among patients

One participant felt that lack of awareness was one of the reasons for not seeking appropriate healthcare.

P6: "Some women want to deliver at home because they take delivery very lightly, and think nothing will happen"- A 41 years old, ASHA

P1:" Sometimes we come across people who takes medicines from pharmacies without doctor's prescription. We advise them not to do so, and to visit health center. There are doctors here and it will not cost you money also" - A 40 years old, ASHA

P8: "There are some patients who don't want to listen to us. There is one couple whose husband doesn't want us to visit his wife. She doesn't go for regular ANC. When the time of delivery came, she had to face lots of problems."- A 39 years old, ASHA

ii) Insufficient resources

According to the ASHA workers, many patients expressed dissatisfaction regarding the inadequacy of services and resources available at the health centre.

P4: "They say whenever they come here (UHTC), they don't get any free medicine"- A 32 years old, ASHA

P1: "Some of the patients visit private practitioners because they feel private practitioners are better and provide better care and attention to the patients" - A 40 years old, ASHA

The ASHAs also felt that there were inadequate resources and facilities available at UHTC Kshetrigao.

P3: "They cannot give birth here. There are no facilities and no OBG doctor here. So, they need to visit JNIMS also" - A 42 years old, ASHA

P7: "There is no proper regular timing of the doctors" - A 35 years old, ASHA

iii) Difficulties faced by ASHAs affecting the health-seeking behaviour of the community

Many ASHAs reported shortages of medicines and essential kits that they were expected to distribute. They felt that this could potentially affect their relationship with the community.

P1:" Sometimes patients especially those who are very poor come to our homes and ask us medicines. If we don't have then, sometimes we buy from our own pockets. If we are not able to provide these medicines or kits, we are embarrassed and they also take us in wrong sense."- A 40 years old, ASHA

P8:" We don't get good supply of these medicines and kits. Even if we get, most of them are those which are nearing the expiry date." - A 39 years old, ASHA

P5:" They constantly ask us for the money (JSY) which they are yet to receive from the government side. They think we have taken their shares." - A 38 years old, ASHA

Some ASHAs also expressed dissatisfaction regarding the lack of recognition and delayed incentives for their services.

P6: "All the incentives are still pending" - A 41 years old, ASHA

P2: "ASHAs have to work in every field related to health but we don't get incentives regularly. When they give, they give in bulk for 3-4 months with Rs. 2000 per month…. (pauses)…

we want a raise. They have given only till May 2021" - A 36 years old, ASHA

P3: "When we go to JNIMS along with the patients, wearing this ASHA uniform (shirt) with ID card, the security there do not allow us to enter, they say only the patients should enter. We face such problems frequently. Such incidents dishearten us to accompany the patients next time" (angrily) - A 42 years old, ASHA

B. Mothers of Under-Five Children and Health-seeking Behaviours

To explore health-seeking behaviour among the urban Muslim population in Manipur, an FGD was conducted among mothers of under-five children.

Theme 1: Maternal knowledge and child health practice

When asked what they usually do when their child becomes ill, most mothers reported that they preferred consulting a qualified healthcare practitioner, as reflected in the following statements:

P3: "If my child is sick, then I always take him to the doctor" – A 31 years old, Mother of Under-5 baby

P8:" Since it is my first child, I always take him to a private doctor as the doctor's house is nearby"- A 24 years old, mother of Under-5 baby

P5:" I never buy medicines from pharmacies without doctor's prescription because their (pharmacists) knowledge is different from that of doctors" - A 30 years old, mother of Under-5 baby

P2:" Sometimes I go to JNIMS, sometimes here (UHTC, Kshetrigao)" - A 29 years old, mother of Under-5 baby

However, a few mothers reported purchasing medicines directly from pharmacies without a prescription for illnesses they perceived as common and minor.

P1:" Fever and cough are very common for my child. The medicines are also almost same every time. So, I directly buy from the pharmacies" - A 21 years old, mother of Under-5 baby

P7:" Even if my child is sick, I always continue breastfeeding" - A 27 years old, mother of Under-5 baby

Many mothers were also aware of common childhood illnesses.

P4: "Some of the common illnesses I have seen in under-5 children are vomiting, diarrhea, cough, fever" - A 32 years old, mother of Under-5 baby.

P2:" my son always has fever from time to time" - A 29 years old, mother of Under-5 baby.

Theme 2. Maternal autonomy and determinants in decision making

When asked about barriers such as financial constraints or social customs influencing healthcare decisions for their children, most participants reported that they did not face such barriers and prioritized their children's health.

P7: "I do not make financial shortage to be a barrier for not taking my child to visit hospital" - A 27 years old, mother of Under-5 baby.

P1:" There is no rule that only my husband or my in-laws should take the decision of whether to visit doctor or not. I also take the decision myself" - A 21 years old, mother of Under-5 baby.

P8:" Even if my husband doesn't agree to accompany, I take the child myself" - A 24 years old, mother of Under-5 baby.

Regarding immunization, all mothers reported taking their children for vaccination, except for occasional disruptions during the COVID-19 pandemic.

P2: "I regularly take my child for vaccination" - A 29 years old, mother of Under-5 baby.

P5: "During covid, I couldn't get my child vaccinated. But later on, I was able to" - A 30 years old, mother of Under-5 baby.

Overall, most mothers demonstrated positive health-seeking behaviour and recognized the importance of seeking advice from qualified healthcare professionals. However, due to inadequate infrastructure and irregular availability of healthcare personnel, they visited UHTC mainly for immunization services and minor ailments.

C. Exploration of Utilization of Available Health Services

To explore the utilization of available health services, IDIs were conducted among pregnant women, elderly individuals, and people with NCDs.

Theme 1: Utilization and perceived gaps of healthcare services

Some participants reported utilizing the services available at UHTC Kshetrigao, as illustrated by the following statements:

P10: "I have done some tests during my pregnancy at a very minimal cost of 50-100 rupees here"- A 29 years old, pregnant woman.

P3: "I have come many times for my blood sugar test"- A 62 years old, male with diabetes mellitus type-2.

However, most participants felt that several infrastructural facilities and services were lacking. This occasionally resulted in underutilization of available services because some individuals assumed that the required services were not available at UHTC.

P1:" Whenever I go, I cannot meet medicine specialist"- A 63 years old, male.

Theme 2: Preference for improved facilities to strengthen primary healthcare services

Most participants expressed the need for improvement in UHTC Kshetrigao. They felt that visiting tertiary healthcare facilities such as JNIMS and RIMS was often inconvenient because of distance and long waiting times. Participants suggested that if adequate facilities were available at UHTC, they would prefer seeking care there for most health problems.

P4:" We want some facilities here in this health center like weighing machine for babies and USG"- A 27 years old, lactating woman.

P2: "We want facilities for delivery also here because especially during late nights, it will be more convenient if we can deliver in a nearby area" – A 23 years old, pregnant woman.

P6:" Sometimes it becomes inconvenient for us to visit RIMS and JNIMS. If there are specialist doctors here (UHTC), then it will be very good"- A 64 years old, woman with hypertension.

DISCUSSION

The present qualitative study explored health-seeking behaviour and its determinants among the urban Muslim population residing in the UHTC Kshetrigao area of Manipur. The findings revealed that health-seeking behaviour within the community was generally satisfactory; however, several individual, socio-cultural, and healthcare system-related factors were found to influence healthcare utilization.

Health-seeking behaviour is a complex process influenced by personal beliefs, social environment, accessibility of healthcare services, and perceptions regarding the quality of care received. Similar observations have been reported by Widayanti et al. and Poortaghi et al., who emphasized that healthcare-seeking behaviour is a multifaceted phenomenon shaped by individual and contextual factors that ultimately affect healthcare utilization and health outcomes [1,4].

A major finding of the present study was that most mothers of under-five children preferred consulting qualified healthcare providers when their children became ill. This reflects a positive attitude towards modern healthcare services and demonstrates awareness regarding the importance of timely medical consultation. Similar findings were reported by Sudharsanam and Rotti, who observed that caregivers sought professional medical care for sick children when they perceived the illness to be serious or potentially harmful [15]. The findings are also consistent with those reported by Reddy et al., who documented favourable healthcare-seeking practices among women when appropriate healthcare services were accessible [17].

However, a few mothers reported purchasing medicines directly from pharmacies for common ailments such as fever and cough. This finding is comparable to that reported by Hussain et al., who documented a high prevalence of self-medication and highlighted easy access to pharmacies as an important determinant of healthcare-seeking behaviour [9]. Such practices may delay appropriate diagnosis and treatment and therefore warrant continued community awareness efforts.

The study highlighted the important role of Accredited Social Health Activists (ASHAs) in promoting healthcare utilization within the community. Most ASHAs demonstrated good awareness regarding their responsibilities related to maternal and child health, immunization, antenatal care, and family planning services. Similar observations have been reported by Das and Das, who emphasized the importance of community-level health workers and health system linkages in improving healthcare utilization and health outcomes [5]. Despite their significant contribution, ASHAs reported several operational challenges, including shortages of medicines and essential kits, delayed incentive payments, inadequate institutional support, and lack of recognition for their services. Such barriers may adversely affect their effectiveness and reduce community confidence in public health services. Addressing these challenges is crucial for strengthening primary healthcare delivery and improving healthcare-seeking behaviour at the community level.

Healthcare infrastructure and service availability emerged as important determinants influencing healthcare-seeking behaviour. Participants frequently expressed dissatisfaction regarding the unavailability of specialist services, irregular availability of healthcare personnel, and shortages of medicines at UHTC Kshetrigao. Consequently, many individuals preferred seeking care from private practitioners or tertiary healthcare institutions such as JNIMS and RIMS. Similar findings were reported by Shaikh and Hatcher, Shah et al., and Gotsadze et al., who identified accessibility, availability, affordability, and perceived quality of healthcare services as major determinants of healthcare utilization [10,12,16]. The present study further demonstrated that most mothers reported making healthcare decisions independently and did not perceive financial constraints or family influences as major barriers to seeking care for their children. This suggests a relatively favourable level of health awareness and decision-making autonomy within the community. Similar observations have been reported by Ahmed et al., who noted that social support systems and family dynamics influence healthcare utilization patterns among individuals [18].

Participants also emphasized the need for improved infrastructure, specialist services, maternal healthcare facilities, and diagnostic services at the primary care level. Similar concerns have been reported by Banerjee among elderly populations in India and by Idriss et al. among individuals with non-communicable diseases, where inadequacies in healthcare infrastructure contributed to delayed or suboptimal healthcare utilization [11,22]. Ngangbam and Roy also highlighted the importance of healthcare accessibility and service availability as key determinants of health-seeking behaviour in Northeast India [14].

Overall, the findings of the present study indicate that although awareness regarding appropriate healthcare-seeking practices is reasonably good among the urban Muslim population of Manipur, several healthcare system-related barriers continue to affect service utilization. Strengthening primary healthcare infrastructure, ensuring regular availability of medicines and healthcare personnel, supporting ASHAs through timely incentives and capacity-building initiatives, and improving accessibility to essential healthcare services may substantially enhance healthcare-seeking behaviour and health outcomes within the community.

LIMITATIONS

The findings of this qualitative study may not be generalizable beyond the study population. Responses were based on participants' perceptions and may be subject to recall and social desirability bias. However, the use of FGDs and IDIs among diverse participant groups provided rich contextual insights into health-seeking behaviour within the community.

CONCLUSION

Health-seeking behaviour is a complex and dynamic process influenced by individual perceptions, socio-cultural beliefs, family support systems, and healthcare system factors. Understanding these determinants is essential for designing effective public health interventions and improving healthcare utilization. The present study found that health-seeking behaviour among the urban Muslim population in Manipur was generally satisfactory. Most participants demonstrated awareness regarding the importance of seeking care from qualified healthcare providers. However, several factors, including inadequate healthcare infrastructure, shortages of medicines and essential supplies, limited availability of specialist services, operational challenges faced by ASHAs, and occasional self-medication practices, were found to influence healthcare-seeking decisions and service utilization. The findings highlight the need to strengthen primary healthcare infrastructure, ensure adequate availability of medicines and healthcare personnel, support frontline health workers through timely incentives and capacity-building initiatives, and enhance community health awareness. Addressing these determinants through a comprehensive and community-centred approach may improve healthcare utilization and contribute to better health outcomes in the population.

ETHICAL CONSIDERATIONS

Ethical approval for the study was obtained from the Institutional Ethics Committee, Jawaharlal Nehru Institute of Medical Sciences (JNIMS), Imphal, vide Protocol No. 311/05/2022. Written informed consent was obtained from all participants prior to data collection. Confidentiality was maintained by assigning unique identification codes to participants, and no personal identifiers were recorded or disclosed. All study data were stored securely and were accessible only to the research team.

CONFLICT OF INTEREST

The authors declare that there are no conflicts of interest related to this study. All authors have reviewed and approved the final manuscript and have no financial or personal relationships that could have influenced the work reported in this study.

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