

Original Article**Health Care Seeking Behavior of Sexually Transmitted Infections Patients**Laila Afroz¹, Hafiza Sultana², Farzana Arzu Khan³, Aysha Haque², Mohammad Rashidul Alam², *Md Golam Abbas⁴**Abstract**

Background: Health care seeking behavior is an essential element to control sexually transmitted infections (STIs). STIs are major public health problems with significance in many part of the world. The incidence of acute STIs is believed to be high in many countries including Bangladesh.

Methods: A cross sectional study was conducted among the 240 outdoor STIs patients to assess their health care seeking behavior, attending in the skin and venereal disease department of three tertiary level hospitals.

Results: The mean age of the respondents was 36±6.17 years and nearly half (47.50%) of them were within the age groups 18-35 years. Three-fourth of the respondents (75%) were suffering from STIs for 2-12 months. Half (50%) of the respondents were not receiving any kind of treatment from health care providers and among the receiver 37.7% received treatment from hospital. Two-third (67.9%) of the respondents were receiving treatment for ≤1 month. Majority (67.5%) of the respondents had co-morbidities along with STIs and 59.3% stated about urinary tract infection. More than one-third (37.5%) of the respondent's were not sure about their spouse had STIs or not and 17.5% were non responsive. Among the respondents who were aware about their spouses with STIs, 100% were taken treatment. 75% of them were treated by medical doctor and 25% were treated by herbal medications. More cited barriers by respondents were long treatment processing time (85%), lack of proper knowledge about information (77.5%) and long waiting time (40%). The association between age, sex and marital status with receiving health care treatment from health care providers were found statistically significant (p=0.000, p=0.040 and p=0.000) respectively.

Conclusion: It is important to improve the accessibility and STIs related quality of health services as well as health seeking behaviors need to be promoted through health education and health promotion.

Keywords: Health care seeking behavior, STIs, OPD patients, tertiary level hospitals, Bangladesh.

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Introduction

Sexually transmitted infections (STIs) considered as a major global public health problem and their

sequelae contribute significantly to morbidity and mortality in the population.¹⁻³ Among the adults at outpatient in health facilities most common presenting complaints are STIs, demonstrating 5-10% of the caseload at many tertiary level hospitals of Bangladesh.⁴

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Gonorrhoea, Syphilis, Hepatitis B virus infection, Chlamydial infection, Genital herpes infection and Human immunodeficiency virus type 1 (HIV-1) infection are the more significant sexually transmitted diseases in Bangladesh. The overall prevalence of these infections in the general population is unknown in our country. Recently it

has been shown that it is increasing rapidly, with prevalence rates for Gonorrhoea (1.7%), Syphilis (6%), HBsAg (3.8%) and Chlamydia (<1%) with no HIV infection.⁵

Healthcare-seeking behaviours for STIs recommends that there is a significant proportion of people with STIs who make delay in seeking care (mostly considered waiting period about 7 days from the onset of symptoms).^{6,7} However, about 80-90% of patients with STI go to pharmacies and quack.⁸ The fact that the organisation of STI healthcare services is complex which causes confusion of the patients for seeking care.⁹ Moreover, data on the prevalence of, and the determinants of, the healthcare seeking behaviours for STIs are scarce, and are mostly based on reports from non-comprehensive national STIs surveillance and few unpublished reports.¹⁰

The effectiveness of STIs prevention and treatment programs depend on adequate knowledge about the health behavior and health seeking behavior of the population in combination of other factors, such as the sexual behavior characteristics of the target group. It is important to understand the dynamics and interactions that make a person decide why, when, and where to seek care, and which health care facility to attend. To provide adequate health care, it is imperative to know whether the choice of the health facility for an STIs differs from the choice of other common health problems. Issues such as accessibility and acceptability of services are key to the provision of successful STIs services.^{11,12}

The health care seeking behavior of a community like Bangladesh, reflects the awareness about the diseases, its complications and available health services, are of great interest.

Methods

Study design and settings

A cross sectional study was conducted among the sexually transmitted infections patients to assess their health care seeking behavior. The study was conducted among the outdoor patients of the skin and venereal disease department of the Dhaka Medical College Hospital, Bangabandhu Sheikh Mujib Medical University (BSMMU) and Sir Salimullah Medical College Hospital, Dhaka, Bangladesh. Total 240 patients were selected purposively who took STIs treatment from the study places.

Data processing and analysis

A pre-tested semi-structured questionnaire with informed written consent was used for data collection through face-to-face exit interviews during the period of July 2017 to December 2017. The data were categorized, coded and analyzed by IBM SPSS v23 and presented by tables and charts.

Ethical approval

The study was approved by the Institutional Review Board (IRB) of National Institute of Preventive and Social Medicine (NIPSOM), Mohakhali, Dhaka 1212, Bangladesh.

Results

Table 1 shows the distribution of the respondents by their socio-economic characteristics. The mean age of the respondents was 36±6.17 years and nearly half (47.50%) of them were within the age groups 18-35 years. Figure 1 illustrates that most of them (82.5%) were married. Majority (97%) of the respondents were female and three-fourth (75%) were Muslim. Regarding the level of education, almost one-fifth (17.5%) of them were illiterate and professionally almost half (47.5%) were homemaker.

More than half (55%) of the respondents were from lower income families with income ranging 5001-15000 BDT monthly.

Table 1: Socio-economic characteristics (n=240)

	n	%
Age group (years)		
18-25	12	5.0
26-30	36	15.0
31-35	66	27.5
36-40	78	32.5
41-45	30	12.5
46-50	18	7.5
Mean±SD=	36±6.17	
Sex		
Male	6	3.0
Female	234	97.0
Religion		
Muslim	181	75.0
Hindu	42	18.0
Christian	17	7.0
Respondent's education		
Illiterate	42	17.5
Upto primary	90	37.5
Upto secondary	66	27.5
Upto higher secondary & above	42	17.5
Respondent's occupation		
Homemaker	114	47.5
Job holder	72	30.0
Day laborer	42	17.5
Businessman	12	5.0
Average monthly family income (BDT)		
≤5000	6	2.5
5001-10000	60	25.0
10001-15000	72	30.0
15001-20000	60	25.0
20001-25000	42	17.5

Table 2 describes the health care seeking behavior of STI affected patients. Three-fourth of respondents (75%) were suffering from STIs for 2-12 months.

Table 2: Health care seeking behavior of STI affected patients (n=240)

	n	%
Duration of suffering from the disease (month)		
Less than or equal 1	6	2.5
2-12	180	75.0
13-24	48	20.0
25-36	6	2.5
Received treatment from health care providers		
Yes	114	47.5
No	120	50.0
Not sure	6	2.5
Received treatment from health care providers (n=114)		
Doctor	26	22.8
Quack	10	8.8
Herbal remedies	15	13.2
Pharmacy	20	17.5
Hospital	43	37.7
Total duration of receiving treatment (month)		
Less than or equal 1	163	67.9
2-5	58	24.2
5-9	14	5.8
9-13	5	2.1
Have any other disease along with STIs		
Yes	162	67.5
No	18	7.5
Not sure	60	25.0
Having other diseases along with STIs (n=162)		
Diabetes mellitus	30	18.5
Hypertension	24	14.8
Urinary tract infection	96	59.3
Kidney diseases	12	7.4
Patient's spouse having STIs		
Yes	24	10.0
No	84	35.0
Not sure	90	37.5
Not response	42	17.5
STIs affected spouse taken any treatment (n=24)		
Yes	24	100
No	0	0
Affected spouse received treatment from health care providers (n=24)		
Doctor	18	75.0
Herbal remedies	6	25.0

Table 3: Barriers to receiving treatment from the health care providers (n=240)

Barriers	Yes	No	Not sure	Not response
Treatment was expensive	114 (47.5)	0 (0)	0 (0)	126 (52.5)
Long waiting time	96 (40.0)	0 (0)	12 (5.0)	132 (55.0)
Long treatment processing time	204 (85.0)	0 (0)	6 (2.5)	30 (12.5)
Long distance from residence	84(35.0)	18 (7.5)	12 (5.0)	126 (52.5)
Lack of health care facilities	42 (17.5)	6 (2.5)	48 (20.0)	144 (60.0)
Lack of proper knowledge about information	186(77.5)	0 (0)	12 (5.0)	42(17.5)
Believe that would get better elsewhere	54 (22.5)	12 (5.0)	42 (17.5)	132 (55.0)

Table 4: Association of socio-economic characteristics with receiving health care treatment from health care providers

	Receiving treatment from health care providers			Total	χ^2	P value
	Not sure	No	Yes			
Age						
18-30	0 (0)	30 (62.5)	18 (37.5)	48 (100)	46.209	0.000
31-40	0 (0)	84 (58.3)	60 (41.7)	144 (100)		
41-50	6 (12.5)	6 (12.5)	36 (75.0)	48 (100)		
Sex						
Male	0 (0)	6 (100)	0 (0)	6 (100)	6.36	0.040
Female	6 (2.60)	114 (48.70)	114 (48.70)	234 (100)		
Religion						
Muslim	6 (3.3)	94 (51.9)	81(44.8)	181 (100)	2.68	0.561
Hindu	0 (0)	18 (42.9)	24 (57.1)	42 (100)		
Christian	0 (0)	8 (47.1)	9 (52.9)	17 (100)		
Marital status						
Married	6 (3.9)	102 (51.3)	90 (45.5)	198 (100)	29.568	0.000
Unmarried	0 (0)	0 (0)	6 (100)	6 (100)		
Separated	0 (0)	6 (100)	0 (0)	6 (100)		
Divorced	0 (0)	0 (0)	12 (100)	12 (100)		
Widow	0 (0)	12 (66.67)	6 (33.3)	18 (100)		
Occupation						
Businessman	0 (0)	6 (50)	6 (50)	12 (100)	7.07	0.269
Day laborer	0 (0)	18 (42.9)	24 (57.1)	42 (100)		
Homemaker	6 (5.3)	60 (52.6)	48 (42.4)	114 (100)		
Employer	0 (0)	36 (50.0)	36 (50.0)	72 (100)		

Half (50%) of the respondents were not receiving any kind of treatment from health care providers and among the receiver 37.7% took treatment from hospital but no one goes to the spiritual and baidya

physician. Two-third (67.9%) of the respondents were receiving treatment for less than or equal to a month and only 2.1% were receiving for 9-13 months. Majority (67.5%) of the respondents had

co-morbidities along with STIs and 59.3% stated about urinary tract infection. More than one-third (37.5%) of the respondent's could not assure if their spouses were suffering from STI or not and 17.5% were non responsive. Among the respondents who were aware about their spouses with STIs, cent percent took treatment either by doctor (75%) or herbal remedies (25%).

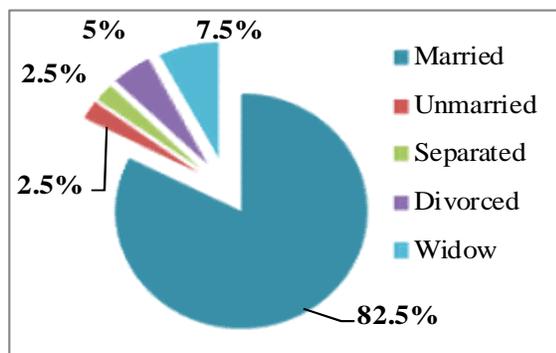


Figure 1: Respondent's marital status (n=240)

Table 3 construes the barriers to the receiving treatment from the health care providers. More cited barriers by respondents were long treatment processing time (85%), lack of proper knowledge about information (77.5%) and long waiting time (40%).

Table 4 interprets association of socio-economic characteristics with received treatment from health care providers. The association between age, sex and marital status with received treatment from health care providers were found statistically significant ($p=0.000$, $p=0.040$ and $p=0.000$).

Discussion

A limitation of the study is the fact that only those patients who experienced STIs and sought health care were included; hence the study excluded patients did not seek health care, whether they were symptomatic or asymptomatic.¹³

This study reveals that the mean age of the respondent was 36.43 ± 6.17 years. Nearly half

(47.50%) belonged to the age groups 18-35 years. This result shows that they are the vulnerable age group in the society which are the similar to the studies in the Bangladesh⁵, Netherlands¹⁴ and Vietnam⁸. About educational status of the respondents, 17.5% were illiterate and more than half (55%) of them were from lower income families with income ranging 5001-15000 BDT monthly which is higher in this study.⁵

This study demonstrates that three-fourth of the respondents (75%) were suffering from STIs for 2-12 months and two-third (67.9%) of the respondents receiving treatment for less than a month. A study in India found that the majority of the STIs patients started their treatment after observing 3-7 days which is similar to this study.¹⁵ Half (50%) of the e respondents were not receiving any kind of treatment from health care providers, and among the receiver 37.7% took from hospital, 22.8% from doctors and 17.5% from pharmacy which is similar to the study.⁴ No one goes to the spiritual and baidya physician.

More cited barriers by respondents to the receiving treatment from the health care providers were long treatment processing time (85%), lack of proper knowledge about information (77.5%) and long waiting time (40%). These findings are almost similar to the studies.^{4,11,12} Key findings of this study reveal that the association between age, sex and marital status with receiving health care treatment from health care providers were found statistically significant ($p=0.000$, $p=0.040$ and $p=0.000$) respectively.

Conclusion

In conclusion, there is a need for better understanding of behavioral factors, as well as gender and social aspects of health care. Some barriers are influencing health care seeking behaviors like, lack of proper knowledge about

information, long distance from home, financial condition, waiting time, long time treatment procedure etc. Health education and health promotion in these areas should be strengthened. The existing positive outcome expectations among patients regarding health care seeking should be encouraged and supported, and extended to the general population. Therefore the STI control programmes will be more effective.

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