

## Cultural Construction of Health Seeking Behavior: A Multifaceted Study of Chronic Male Patients living in a Rural Community

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### Abstract

The primary objective of the research is to explore the patterns of health-seeking behavior and how the rural male community chooses the preferred health system. The study also considers how health-seeking behavior is defined and shaped through the interaction of socioeconomic and demographic characteristics of research participants. It also describes the dynamics of access to formal and informal healthcare systems and the reasons for choosing alternative health-seeking methods. Considering the multifaceted and arbitrary nature of the phenomenon under study, the researcher applied a thick description through an interpretivist approach. Data collection through in-depth interviews was conducted with potential participants identified through purposive sampling. Eligible participants were rural males aged 30 years and above. Data was collected and analyzed iteratively while maintaining the ethics of anonymity and confidentiality. Data was thematically analyzed, and themes were identified through extensive data analysis. The findings revealed that most men consult healthcare providers only for acute illnesses or diseases involving severe pain and explicit symptoms. The financial cost of treatment, belief in the efficiency of a health system, accessibility, and previous experiences were identified as the most prominent themes shaping health-seeking behavior.

**Keywords:** Health-seeking Behavior, Healthcare Utilization, Males, Formal/Informal Healthcare System, Rural Communities

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## Background

Multiple variables, including biology, behavior, culture, economics, psychological, environmental, and social factors, as well as their interactions, are recognized as important health determinants in the present research (Ansari et al., 2003; Hunt, 1994). These are more recent concerns in developing nations as they struggle to deal with mortality and morbidity due to communicable diseases, injuries, poverty, issues with sexual and reproductive health, and more recent concerns like hypertension, heart disease, and diabetes that are more lifestyle-oriented outcomes of development (Correa-Rotter et al., 2004). Inequalities will only grow more obvious if health and ill-health in less developed nations are not taken into account in this larger context, according to more recent research (Gwatkin, 2000). To solve this, it is necessary to understand the trends that affect how people in developing nations use medical services and seek out health care.

## Introduction

"Any action conducted by persons who regarded themselves to have a health condition or to be unwell with the objective of finding an acceptable solution" is the definition of health-seeking behavior. The pursuit of health is a significant determinant of health outcomes. Particularly in the context of developing nations, there is an expanding body of study on health-seeking behaviours and the determinants of health care usage.

In Pakistan, healthcare services are provided by both the public and private sectors. At the federal level, the Ministry of Health (MOH) creates national goals and objectives, including those related to maternal healthcare, and develops national policies and strategies for the entire population of the nation, with an emphasis on those who are underserved. Hospitals, rural health clinics, basic health units, and dispensaries are all a part of the extensive healthcare infrastructure network provided by the public sector. Nonetheless, the number of medical general practitioners, homoeopaths, traditional/spiritual healers, Greco-Arab healers, herbalists, bonesetters, and quacks is mushrooming in the private sector. Also, there are a few certified businesses and hospitals. Pakistan's rural areas have a rich cultural heritage, which has influenced how people in general approach decisions about their health care. A variety of cultural beliefs, as well as a low socioeconomic status and illiteracy, have all hampered health-seeking behavior and the utilization of health care services (see Figure 1).

Pakistan has seen comparatively little targeted research, especially concerning the rural male population (Sheikh & Haitcher, 2012). Sustainable development goal 3 seeks to provide equal access to healthcare services for all men and women in order to "ensure healthy lifestyles and promote well-being for everyone at all ages." The first nine of the SDG's 13 objectives are result targets. The study will not only fill the theoretical gap but will also provide policy suggestions by providing rich, detailed determinants of health-seeking behavior among the rural male population. Owing to this context, the research objectives are as follows:

1. To find out the patterns of Health seeking behavior among males living in rural areas
2. To explore the relationship of health-seeking behavior with socio-demographic and economic factors
3. To unfold the process dynamics of access to formal/informal health care systems

4. To probe narrative explanations about the choice of alternative health-seeking options among rural communities

## **Literature Review**

People's behaviors in reaction to health difficulties or worries are referred to as "health-seeking behavior" (HSB). It is critical for chronic illness treatment and control, particularly in male patients. This literature review aims to provide readers with an overview of what is currently known regarding chronic male patients' health-seeking behavior. We investigate the factors that influence HSB, the barriers to healthcare access, and potential treatments for improving this population's health-seeking behavior.

## **Factors influencing HSB of chronically ill men**

A number of characteristics have been identified in the literature that influence how chronic male patients seek medical care. These variables are classified into three types: personal, social, and structural.

### **Personal Factors**

Older males are more likely to interact with healthcare providers on a frequent basis, but they may also face transportation and mobility issues (Nadarzynski et al., 2019). Another important factor is education. Those who are more educated are more likely to be conscious of their health and use healthcare services (Kumar et al., 2016). Another factor is men's perceptions of their health, vulnerability to illness, and the benefits of seeking treatment influence how they use healthcare facilities (Saunders et al., 2016).

### **Sociocultural Factors**

Traditional gender roles and expectations may hinder males from seeking medical care because they are usually raised to be independent and avoid exhibiting vulnerability (Galdas et al., 2005). Strong social networks can foster the behavior of seeking healthcare by providing emotional, educational, and practical support (Leone et al., 2017).

### **Structural Factors**

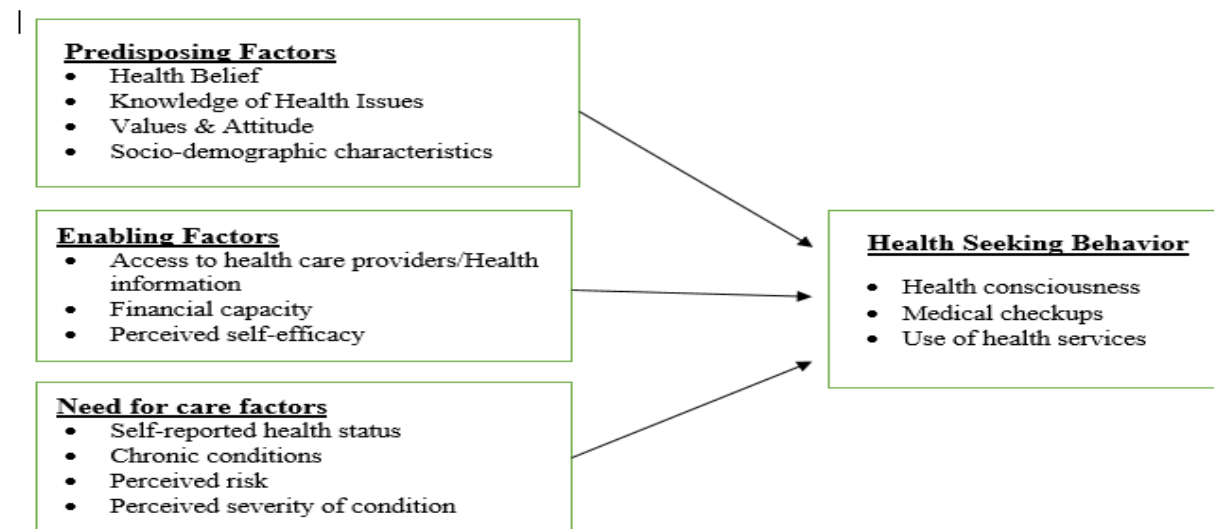
The proximity and availability of healthcare resources has a significant impact on health-seeking behavior (Hansen et al., 2018). Perceived discrimination, a lack of trust, and poor communication with healthcare workers may all impede health-seeking behavior (Hammond et al., 2010). The expense of healthcare treatments and drugs may be exorbitant for many chronic male patients, particularly those without insurance or with minimal coverage (Choi et al., 2011).

Males suffering from chronic ailments may face stigma, which may dissuade them from seeking medical assistance (Courtenay, 2000). Men may prioritize their familial and work duties over their health, making it difficult to schedule doctor's appointments (Tudiver & Talbot, 1999). Public health campaigns can raise awareness of chronic diseases and the importance of early detection and treatment (Gupta et al., 2017).

Understanding the characteristics influencing health-seeking behavior as well as the challenges experienced by chronic male patients is essential to designing effective treatments to promote healthcare consumption among this population. Further investigation is required to promote health-seeking behavior among men with chronic illnesses while taking into account the systemic, societal, and individual aspects that affect their involvement in healthcare.

### Andersen's Healthcare seeking model (1968)

There are several models that have been proposed to explain health-seeking behavior. According to Andersen's healthcare-seeking model from 1968, three major elements—predisposing factors, enabling factors, and need for care factors—that include environmental and individual-level predictors—have an impact on healthcare. Individual predisposing variables include an individual's attitudes, beliefs, and understanding of health and medical services, as well as demographic features like age and gender, as well as social factors like education, employment, ethnicity, and family status. Access to healthcare professionals, ability, and self-efficacy are enabling variables. Self-reported health state, chronic diseases, perceived danger, and perceived seriousness of the problem are among the need for treatment considerations.



\*Model adapted from Anderson & Davidson 1978

Figure 1. Model of Andersen's Healthcare seeking model (1968)

### Hochbaum et al. Health Belief Model (1950)

Another model that helped lay the theoretical groundwork for the study is the Health Belief Model (HBM), which was created in the 1950s by social psychologists Hochbaum, Rosenstock, and others. Since then, it has been applied in a variety of cultural contexts by a number of medical sociologists. The model that has been constructed to evaluate this notion is based on the hypothesis that a person's inclination to change their health behaviors is primarily due to their perceptions of their health. Key elements that influence a person's approach to health include perceived barriers, exposure to knowledge about the illness and medical care, the advantages of adopting healthy behaviors, vulnerability to illness, the expected effects of illness, and self-efficacy. Benefits of

adopting healthy practices, vulnerability to illness, expected effects of illness, and self-efficacy are other important variables.

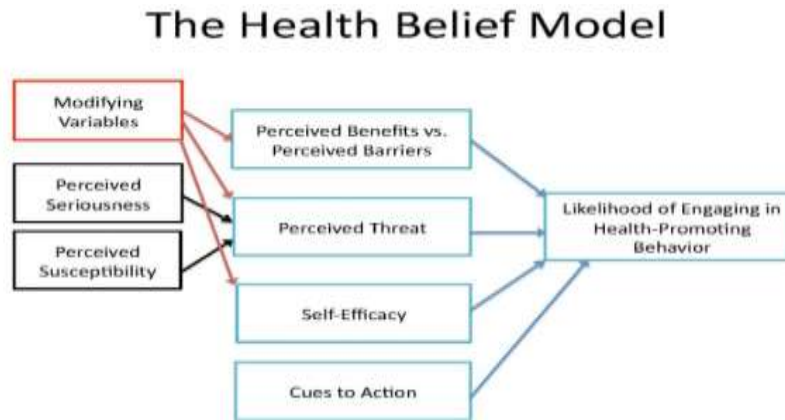


Figure 2. Hochbaum et al. Health Belief Model (1950)

The study can be important in providing knowledge on the health care-seeking behavior of the rural male population living in Punjab Province Pakistan. This will inform policymakers about the healthcare-seeking behavior of rural males and the challenges they face when seeking healthcare. It is also expected that when completed, the study will contribute to further research into health-seeking behavior, particularly in Pakistan. Thus, the study will serve as a source of secondary data for individuals or institutions who will be interested in conducting further research into health-seeking behavior.

### Research Methodology

The study's philosophical foundation was chosen based on Interpretivism due to the phenomenon's complexity, which called for a thorough research. In-depth interviews were held with possible respondents who lived in a rural area of Punjab because it was decided that the qualitative methodology would be the most appropriate one. On the basis of the corpus of prior research, the themes for the interview guide were initially constructed inductively. Nonetheless, these subjects were open-ended and malleable, and they evolved during the data collection process. The study included patients with any known chronic disease, including cardiovascular disorders, high blood pressure, diabetes, kidney problems, and hepatitis C. Investigating how the rural male population seeks for health was the aim of the study. The study covered patients with any known chronic condition. The majority of men were also financially independent, and they were generally older—on average, this group was over 30. Intentional sampling was used to choose the sample, and the notion of saturation was applied to decide how big the sample should be. In-depth interviews were stopped once it was found that there were numerous instances of codes that were extremely similar to one another. As a result, a total of sixteen interviews were done and then written down afterward. Following the completion of the transcription process, the data were examined to detect any open codes. This led to the discovery of axial and selective coding in the stages that followed.

## Data analysis

Following tables denotes the demographic characteristics of the population:

Respondent Code	Chronic Disease	Years of Disease	Preferred method of treatment	Currently Used method	No. of children	Age (in years)
M1	Diabetes	10	-	Self-medication	4	54
M2	High Blood Pressure	6	Allopathic	Allopathic		38
M3	Heart Disease	3	Allopathic	Allopathic	4	49
M4	Diabetes	8	Allopathic	Self-Medication	2	40
M5	Hepatitis C	5	Hakim	Hakim	N/A	35
M6	Hepatitis C	6	Hakim	Allopathic	1	32
M7	Heart Disease	8	Allopathic	Allopathic	3	58
M8	Kidney related issue	2	Hakim	Allopathic	N/A	45
M9	Kidney related issue	1	Allopathic	Allopathic	1	34
M10	Diabetes	10	Homeopathy	Homeopathy	4	55
M11	Kidney related issue	5	Hakim	Allopathy	5	57
M12	Hepatitis C	1	Hakim	Hakim	3	32
M13	Kidney related issue	6	Hakim	Allopathic	4	38
M14	Hepatitis C	6	Hakim	Hakim	N/A	32
M15	Diabetes	6	Hakim	Self-medication	4	45
M16	Heart Disease	8	Allopathic	Allopathic	3	55

Table 1 showing demographic characteristics of the respondents

An interview guide was used to collect information about the sociodemographic characteristics of the respondents and consisted of three thematic areas to allow for an in-depth exploration of the determinants of health-seeking behavior among the rural male population (see Table 2).

Themes	Sub-themes
The pattern of Health-seeking behavior	Socio-psychological, Demographic, sociocultural, and Economic
Selection of preferred health system	Distance, Definition of cause of disease, cost of health system, belief in efficiency of the health system
Care and support	Family, Caregivers, social networks

Table 2 showing themes and sub-themes

## 1. The pattern of Health-seeking behavior

Most often, the diagnosis of the issue was established when the respondents went to the doctor for another health issue.

"I once took my father for a checkup at the OPD. I asked the doctor to take my blood pressure after he finished his checkup. I informed him about my breathing difficulties and chest discomfort after he took my blood pressure and indicated it was elevated. Then he gave me blood pressure medicine and a schedule for follow-up visits.

The participants' decision on a healthcare institution was influenced by a number of variables, including family support, the cost of the therapy, the location of the healthcare facility, and the cost of transportation.

"We have to come there as early as six in the morning to have our registration done, as one person said. We stay at the hospital for at least four to five hours. Additionally, a doctor may not be accessible or another physician may be present."

The doctor-patient relationship was also shown to be a key factor in determining how hypertensive patients behaved in terms of seeking medical attention. Participants described how they had just had a fainting crisis and full blackout at home, and how occasionally physicians were unpleasant, insensitive, and did not take their symptoms seriously. The doctor was informed, but she acted as if she didn't care. She needed to evaluate a number of patients. She thus just prescribed the same medications.

It was shown that most respondents preferred to visit hospitals out of the healthcare facilities they used. Few respondents mentioned seeking out traditional healers for alternative treatments like Ayurveda and herbal remedies, indicating that it is advantageous and safe.

One respondent was seen consuming medicine that had been given to a friend or family. Few of the respondents had medicine given to them by neighborhood pharmacies.

"My acquaintance had high blood pressure. He took my blood pressure using a gadget he had with him, which was high and advised me to take pills for high blood pressure. He then handed me his own prescriptions and instructed me to take them every morning.

Before being diagnosed, the majority of respondents were aware of their illness. According to the respondents, diabetes and high blood pressure are widespread in the neighborhood. According to one of the respondents,

"There are many people with high blood pressure in every street. I am familiar with many people who have high blood pressure. Even my parents experienced this; it ran in the family."

Many of the respondents were unaware of any disease complications. One respondent said,

"I've heard there's a condition called pressure. (laughs) I'm not familiar with the condition's specifics, though. I've heard that if blood pressure is high and doctors have to amputate a

limb due to high blood sugar, we will become paralyzed and eventually pass away. I frequently hear these things, but I have no idea how they occur.

When asked about the causes of their disease, the majority of respondents said that past actions were to blame. Other causes mentioned by respondents included family history, anger, worry, and work and family stress. Based on one respondent;

"I have a machine at home that measures my blood pressure, and every time I'm angry, I check it. I'm a very short-tempered person. It is constantly raised.

"My family has a history of high blood pressure. For high blood pressure, my father and grandparents took medicine.

The majority of those who were questioned knew about their issues and how they contributed to illnesses on a long-term basis. A few perceptive individuals were aware of the warning signs and symptoms of high blood pressure.

"I know my blood pressure is up whenever I have a heart attack since most of my relatives who had this condition had some of these symptoms," the patient said.

## **2. Selection of Preferred Health system**

Demand for healthcare is statistically influenced by the standard of treatment. The effect is lessened at public hospitals, however. The private health facility's coefficient is fairly high, suggesting that if private hospitals' quality improves, more people would choose to use them rather than self-treat. Private healthcare institutions are profit-driven, therefore an emphasis is placed on raising service standards to draw in patients. The outcome could suggest that private clinics provide better care (Sahn et al., 2003; Mwabu et al., 1993; Ellis et al., 1994).

It follows that information regarding the quality of treatment in the study region is being disseminated via channels that market the quality elements of private health facilities more effectively. Service information is strongest in affecting the demand for health care at private health facilities. The majority of households may still be discouraged from using public facilities that may currently provide high-quality services but that they are unaware of because of their past experiences in Pakistan's public health facilities with chronic space shortages and shortages of inpatient doctors and nurses.

Aside from a few licensed businesses and hospitals, the number of medical general practitioners, homeopaths, traditional/spiritual healers, Greco-Arab healers, herbalists, bonesetters, and quacks is mushrooming in the private sector. In Pakistan, rural areas have a rich cultural past that has affected people's general attitudes about getting health care. Numerous cultural preconceptions, low socioeconomic levels, and illiteracy have all had an impact on how people use healthcare services and seek out health care.

In this study, many respondents argued that they stopped therapy and mentioned being unable to follow the treatment plan due to the financial burden of treatment as the cause. Despite having access to healthcare facilities, respondents with low socioeconomic levels reported finding it challenging to frequently see a doctor for follow-up care.



"I don't have enough time to get to the hospital for the subsequent appointment. The same drugs are repeatedly listed by the doctor. My everyday waging has an impact on my revenue.

The majority of respondents said they had access to both public and private healthcare services within 10 kilometers of their home, and half of them said they used public healthcare facilities to treat their high blood pressure. In contrast to private health facilities, respondents favored using a public health center.

"Healthcare services at private hospitals are more expensive, and they order more tests than those provided by public sectors, where the cost of treatment is lower but patient wait times and line wait times are longer."

Another reason people used public healthcare facilities was the callousness with which some private healthcare professionals treated their patients.

### **3. Care and support**

Healthcare-seeking behavior was significantly influenced by and influenced by family support, particularly among the male population since they were reliant on the females or other family members for care and nourishment. A responder said,

"Ever since I was told I had high blood pressure, I've been told to cut down on salt." In light of this, our whole family now regularly consumes a low-sodium diet.

Few respondents said that their families often reminded them to take their medications as directed helped them stay on track.

"I sometimes forget to take my morning medications. By mid-morning, I start to feel a headache coming on. My granddaughter has reprimanded me on occasion (smiles). My relatives look out for me."

## **Discussion**

Health-seeking behavior refers to the behaviors people take in reaction to their sense of illness or health-related concerns. Socioeconomic position, cultural views, and access to healthcare services are all factors that determine whether a person chooses a formal or informal health system. Understanding these patterns and factors is critical for developing successful healthcare policies and interventions in Pakistan's rural Punjab. The goal of this literature review is to look into the patterns of health-seeking behavior and the factors that influence the choice of preferred health systems in a rural community in Punjab, Pakistan.

Patterns of health-seeking behavior in rural Punjab usually feature a mix of traditional and modern medical methods. According to research, a sizable portion of the population seeks self-treatment or contacts traditional healers before seeking conventional healthcare (Shaikh & Hatcher, 2004). Many reasons contribute to this, including cultural views, insufficient healthcare infrastructure, and financial restraints.

A variety of factors influence the selection of favored health care systems in rural Punjab. The first is that a person's socioeconomic status has a significant impact on their health care seeking behavior. People from lower socioeconomic backgrounds are more likely to choose traditional or informal healthcare services due to their accessibility and affordability (Rahman & Malik, 2019). The second theme is that healthcare service accessibility is an essential factor. In many rural areas, the dearth of professional healthcare facilities forces residents to rely on traditional or unofficial healthcare practitioners (Naseer et al., 2020). Furthermore, cultural behaviors and beliefs have a substantial influence on the selection of health systems in rural Punjab. Due to their strong cultural and religious connections, many people prefer traditional or religious healers (Shaikh & Hatcher, 2004).

The health-seeking behavior of rural residents is also influenced by their health literacy. Individuals with low health literacy may not recognize the importance of timely and adequate medical care, leading them to rely on unofficial providers (Rahman & Malik, 2019).

Moreover, perceptions of the quality of care provided by various healthcare systems influence preferences for particular healthcare systems. People are more likely to use official healthcare providers if they perceive they provide higher-quality care (Naseer et al., 2020).

In order to design effective healthcare interventions in rural Punjab, Pakistan, it is necessary to comprehend the patterns of health-seeking behavior and the factors that influence the choice of health system. Significant influences on health-seeking behavior include socioeconomic status, accessibility, cultural attitudes, health literacy, and the perception of care quality. These problems must be addressed by policymakers and healthcare professionals to ensure that the rural population receives appropriate and timely healthcare services.

### **Limitations & Recommendations**

Qualitative research on rural males' health-seeking behavior can yield valuable insights into their experiences and perspectives. However, there are a few constraints to consider when conducting this form of research.

1. Due to the nature of qualitative research, it may not be possible to generalize the findings from a specific group of rural males to the entire rural male population. This limitation may be especially pronounced when cultural, regional, or socioeconomic differences between rural communities are considered.
2. . The preconceived notions and assumptions of researchers regarding the health-seeking behavior of rural males may influence the findings of the study.
3. Qualitative research does not lend itself well to establishing cause-and-effect relationships. Therefore, it may be impossible to determine the causal factors underlying patterns of health-seeking behavior among rural men.

The following recommendations are proposed to address these limitations and improve the quality of qualitative research on health-seeking behavior among rural men:

1. Triangulation entails the utilization of multiple data sources and research techniques to collect diverse perspectives and validate the findings. This can increase the dependability and credibility of the study's findings.
2. Researchers should practice reflexivity by recognizing their own biases, beliefs, and assumptions and analyzing how these may impact the research process. Maintaining a reflexive journal or engaging in peer debriefing can assist researchers in becoming more conscious of their biases and mitigating their influence on the study's findings.
3. Collaborate with local community members, healthcare professionals, and other stakeholders to ensure that the research is culturally sensitive, pertinent, and acceptable to the participants. This can increase the reliability and utility of the study's findings.
4. Research findings should be shared with policymakers, healthcare providers, and community members in order to inform the development of targeted interventions and policies to improve the health-seeking behavior of rural men.

## **Conclusion**

The research explored a number of characteristics that affected healthcare-seeking behavior among males from a rural area of Punjab, Pakistan. This research gives qualitative evidence of the patient's perceptions and obstacles in managing the chronic disease effectively. Patients often seek alternative sources of healthcare services owing to a lack of information, cost of the treatment, definition of the disease as natural or induced and believe in the efficiency of the preferred method of health care system. This necessitates medical sociologists to identify the indigenous health systems and by developing liaison with public health professionals, these systems may be standardized and practiced according to various situations.

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