

# THE NEED FOR LINKING HEALTHCARE-SEEKING BEHAVIOR AND HEALTH POLICY IN RURAL NEPAL

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**Abstract.** In Nepal, little emphasis has been placed on the need to link healthcare-seeking behavior (HCSB) with health policy. The purpose of this study is to identify the HCSB of 405 households that were randomly selected from 28 communities in a hilly region of central Nepal. In assessing HCSB, we found that some form of illness strikes about 50% of households each year. When rural Nepalese are moderately or severely ill, they seek healthcare from traditional healers first, before visiting other health workers. Mild illnesses are treated at home. To improve the health of the rural population, health planners should recognize these realities and incorporate them into the development of health policies.

## INTRODUCTION

In 1991, the Ministry of Health (MOH) of His Majesty's Government of Nepal (HMG) formulated the nation's health policy, and launched its 8<sup>th</sup> five-year national health plan (1992 to 1997). Priority was given to upgrading the health of the rural population through primary health care services. The second long-term health plan, covering the years 1997 to 2017, has the same priority (Ministry of Health, 2001). Since approximately 90% of the Nepalese people live in the rural parts of the country, this policy would seem to be a reasonable one. However, the plans place little emphasis on the need to learn more about the healthcare-seeking behavior (HCSB) of the Nepalese, and what is known about how Nepalese use healthcare is not reflected in these policies (Yamasaki-Nakagawa *et al.*, 2001). Although health institution-based HCBS has been studied for tuberculosis control (Justice, 1999), there are no internationally published studies of HCSB at the household level. The purpose of this study is to identify the HCSB of rural Nepalese people in the late 1990s.

## MATERIALS AND METHODS

The target area of this study was the south-

ern part of Kavrepalanchok District, a hilly region of central Nepal. It is a remote region that can only be accessed from the head of the motor road by a 2- to 16-hour walk. There is neither electricity nor telephone. In 1997, we carried out our study of HCSB by selecting 30% of households from the 28 communities using the simple random sampling method. As a result, we selected 425 households, and obtained data from 405 of them. The mean number of households in each community was 51, and the mean population of each community was 352. Although a variety of ethnic groups live in the area, the majority of the population belongs to the Tamang group. We visited each home, and collected data through semi-structured interviews with the head of the household. During the interview, we inquired about various demographic variables, and about the HCSB of household members.

## RESULTS

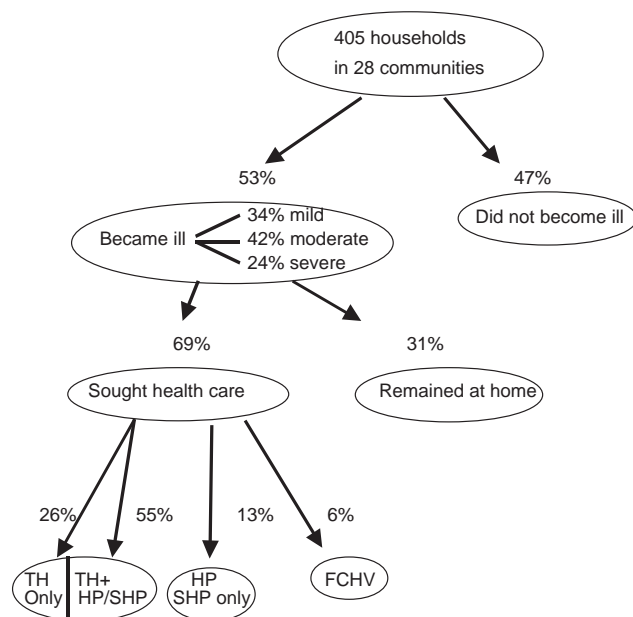
We recorded the following demographic characteristics of our study population. Out of 405 household respondents, 83.5% were men. The average age was 42.5 years, and approximately 95% of the respondents were married. The average household size was 7.2 people. As for the ethnicity of the population, 61.7% belonged to the Tamang ethnic group, followed by Brahmin/Chhetri (8.6%) and Magar (6.9%), and others. The literacy rate was 50%, and 90% of the respondents obtained their income through agriculture.

In assessing HCSB, we found that 213 (53%) of the 405 respondents answered that a member

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TH: traditional healers  
 HP: health post  
 SHP: sub-health post  
 FCHV: female community health volunteers

Fig 1—Healthcare seeking behavior of the rural Nepalese.

of their household had been ill within the past year (Fig 1). Of these, 34% perceived the illness as mild, 42% considered it to be moderate and 24% felt that the illness was severe. Mild sickness referred to influenza, headache or body pain; moderate included diarrhea, stomach pain and chest pain; severe meant diarrhea with vomiting, high and persistent fever, and injury with bleeding.

Out of the 213 households in which illness had occurred, 147 (69%) sought health care and 31% remained at home and used home care only. The fraction of people who sought healthcare (69%), was almost identical to the fraction of households in which moderate or severe sickness had occurred. Presumably, most people with mild illness remained at home without seeking professional healthcare.

Of those who sought healthcare, 81% first visited traditional healers (TH); 26% visited THs exclusively; while 55% first visited a TH and then visited the health post or sub-health post (HP/SHP). The remaining 19% first visited either HP/SHP or female community health volunteers. Those who remained at home used home treat-

ments that they had learned from their friends or HP staff members.

## DISCUSSION

These results revealed that some form of illness strikes about 50% of households in rural Nepal each year. When rural Nepalese feel sick, they seek healthcare only when the sickness is moderate or severe. Mild illnesses are treated at home. This means that home treatment is very important, although this aspect of healthcare has not been extensively studied since 1979 (Parker *et al*, 1979).

When the villagers seek healthcare, it was found that rural Nepalese prefer to visit THs first, before visiting other health workers. They prefer to visit THs because they are highly accessible, do not charge cash, and can tell whether the diseases are caused by evil spirits (Shimobiraki and Jimba, 2002).

When health planners devise health policies, they tend to focus first on hospitals, then on HP/SHP, and finally community-based health workers. However, our results show that the majority of rural Nepalese seek care from community-based health workers first and they use HP/SHP second, only if they found it necessary. To improve the health status of the Nepalese people, health planners should recognize these realities and incorporate them into the development of health policies.

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