

**RESEARCH PAPER****Determinants of Rural Women' Healthcare Behavior in Khyber Pakhtunkhwa, Pakistan****<sup>1</sup>Shaista Naz\* <sup>2</sup>Oqba Khan <sup>3</sup>Muhammad Azam**

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**\*Corresponding Author:** [shaista@aup.edu.pk](mailto:shaista@aup.edu.pk)**ABSTRACT**

Current study has examined the determinants of healthcare seeking behaviour of rural women in Khyber Pakhtunkhwa province of Pakistan. For this, data were collected from 178 respondents using a questionnaire and key informants interviews i.e. lady health workers (10) and doctors (10). For data analysis, descriptive statistics and thematic analysis were used. It was found that majority of the respondents did not sought immediate healthcare. Various themes have been identified through thematic analysis such as social, cultural and economic factors which influence healthcare seeking behavior of rural women in the study area. Social factors included gender and patriarchy, while restricted mobility, low educational status, and non-preference of women healthcare needs were encompassed by cultural factors. Economic factors comprised of affordability and availability of transportation. Therefore, appropriate and long term planning and execution from the formal health care system of the province in the light of current study findings are suggested.

**KEYWORDS** Healthcare Behavior, Khyber Pakhtunkhwa, Rural Women**Introduction**

For the achievement of health outcomes in communities and societies, appropriate and timely healthcare seeking behavior of individuals is important (Arrif et al., 2020). Healthcare behaviour of people mostly depends on the health infrastructure of the particular country (Yadav et. al., 2022). However, in the developing countries like Pakistan, health infrastructure is not developed and mostly people bear their own health costs (Ergete et al., 2018; WHO, 2018). Being the sixth populous country of the world, with a population growth rate of 2.4%, along with the high incidence of poverty (Census, 2017), the country has lower health outcomes as depicted by the ranking of HDI (Human Development Index) 154 out of 189 countries (HDR, 2020)

For the provision of basic healthcare facilities, its development, and healthcare policies in a country, the understanding of healthcare seeking behavior of people and especially of women are of much more importance (Naz et al., 2022b; Habib et al., 2020). The decision towards healthcare seeking behavior of women are influenced by various factors which is related to their social status as well (Naz et al., 2021a). This behavior can be explained by various behavioural models (Qureshi et al., 2016).

According to the Andersen's behavioural model, there are three categories or groups of factors which play an important role in the healthcare decisions i.e. the predisposing characteristics, the enabling characteristics, and the need (Andersen, 1995). The first one is comprised of the people's demographic characteristics, their belief system about the health

services benefits and the social structure. The second category includes community and personal resources which positively affect the use of health services and the third category encompasses the actual and perceived needs for services.

In Pakistan, the healthcare seeking behavior of women is not satisfactory (Habib et al., 2021) as depicted by the high rates of maternal mortality i.e. 340 deaths per 1000 live births (Ashraf et al., 2021). In the country, only 39% female deliver in the presence of skilled birth attendants and generally only 65% of pregnant women seek healthcare (Qureshi et al., 2016; Naz et al., 2021). Women in the country is subjected to various social vulnerabilities which further affect their healthcare behavior (Ahmad et al., 2018). These vulnerabilities are found high in the rural areas and thus badly affect the rural women health seeking behavior (Qureshi et al., 2016; Muzaffar, et. al. 2018).

## **Literature Review**

Healthcare seeking behavior has been defined as the process of decision making which enables an individual to receive treatment for an illness by reviewing and assessing all the available and possible options (Naz et al., 2022). These options include visiting a health facility i.e. formal, informal, traditional etc., self-medication, home remedy, or even not to choose an option (Chauhan et. al., 2015). It makes the healthcare behaviour a multidimensional phenomenon affecting by various other factors like the type of illness, its extent or degree, the available health care facilities, its quality and cost, individuals' economic background, educational level, social belief system, and gender (Yadav et. al., 2022; Poortaghi et. al., 2015 Hussain et. al., 2011; Ahmed, et. al. 2015).

Gender is an important factor in the traditional societies and the literature shows that it affects the healthcare seeking behavior around the developing world (Arrif et al., 2020). Women's healthcare behavior is important in the traditional societies of the developing countries like Pakistan (Habib et al., 2021) where the deep rooted sociocultural and socioeconomic factors make them disadvantage in various fields of life (Naz et al., 2022; Naz et al., 2021b). These factors included the unequal gender relations within the societal institutions i.e. family, education, politics, and economics. The existing social norms of the society support the unequal distribution of resources and responsibilities between men and women which make the later one more dependent, depress, and deprive (Reddy et al., 2020). This unequal distribution further prevents women from quality healthcare services (Habib et al., 2021).

The available literature in the country shows that health seeking behavior of women is low in general and particular in rural areas where the education and health care facilities are low (Naz et al., 2020). Health seeking behavior of pregnant women has caught some attention of researchers in the country (Naz et al., 2022b; Ashraf et al., 2021; Habib et al., 2021 Ahmad et al., 2018). However, rural women's healthcare behavior and its determinants have not been explored and discussed widely which can further contribute towards the development of health policies to improve women's health outcomes. Therefore, to fill in the gap, the current research study has been designed to examine the determinants of health care behavior among the rural women of Khyber Pakhtunkhwa, Pakistan.

## **Material and Methods**

### **Study Site**

The study site of the current research study was the two main districts i.e. Mardan and Nowshera of the Khyber Pakhtunkhwa province of Pakistan. The province sharing a border with the neighboring country Afghanistan and located at the northwestern region of the country.

## Sampling Technique and Sample Size

The current research study has used simple random sampling technique for the selection of respective villages and households. Two villages from each district i.e. Mardan, and Nowshehra were randomly selected thus making a total of four villages. The sample size was comprised of 5% (200) of the total rural households in the selected villages which was proportionally allocated among the villages (Cochran, 1977) as seen in Table 1. The sample size also included 20 key informants (i.e. 10 lady health workers and 10 doctors).

**Table 1**  
**Sample size distribution**

District	Selected Village	Total Households	Sampled Households
Mardan	Gulibagh	780	38
	Chamdheri	339	17
Nowshehra	Ali Beg	750	37
	Wazir Bagh	1730	86
Total		3599	178

## Data collection

For data collection, questionnaire was used (Naz et al., 2020), and data were collected from the women as respondents of the study from the selected rural households. Interview method was used for data collection (Naz et al., 2021b). Those women were interviewed who had encountered with any kind of sickness or illness within the past 15 days. Verbal consent was sought from the respondents of the study at the start of the interview. Interviews were conducted in the context of shared research ethics and data confidentiality (Naz et al., 2018; Naz and Khan, 2018). For the determinants of healthcare behavior among rural women, a total of 20 key informant interviews were conducted including lady health workers (10) and doctors (10).

## Data Analysis

For data analysis, descriptive statistics, frequencies, percentages, using SPSS while for thematic analysis NVivo software was used. Thematic analysis has been largely used in the field of social sciences for the qualitative data analysis (Naz et. al., 2022a; Naz et al., 2021).

## Results and Discussion

### Socioeconomic Characteristics

Data in Tale 2 show the socioeconomic characteristics of respondents. It has been found that 23%, %, 28%, and 09% respondents were of the age group of 20-30 years, 31-40 years, 41-50 years, and above 50 years, respectively. In the case of marital status, 14%, 79%, and 07% respondents were single, married, and widow, respectively. A total of 5% respondents were literate, while 55% were illiterate. A total of 76%, 08%, and 16% respondents were housewives, in service, and students respectively. Regarding total annual household income, data show that 16%, 31%, 37%, 10%, and 05% respondents had PKR 10,000-20, 000, PKR 21,000-30,000, PKR 31,000-40,000, PKR 41,000-50,000, and above PKR 50,000 annual income, respectively.

**Table 2**  
**Socioeconomic characteristics of the respondents**

Variable	Frequency	Percentage
Age (in years)		
20-30	40	23
31-40	72	40
41-50	50	28

Above 50	16	09
Marital status		
Single	25	14
Married	141	79
Widow	12	07
Literacy status		
Literate	80	45
Illiterate	98	55
Profession		
Housewives	135	76
In service	15	08
Students	28	16
Household Income level (PKR)		
10,000-20,000	28	16
20001-30,000	56	31
30,001-40,000	66	37
40,001-50,000	18	10
Above 50,000	10	05

### Healthcare seeking behavior

Data regarding healthcare are presented in Table 3. Data show that all of the respondents encountered with some kind of illness during the past two weeks. Among these, 73% sought healthcare, while 27% did not. Of the total respondents who had sought any kind of healthcare (130), 65% sought immediate healthcare, while 35% delayed healthcare. Moreover, 52% respondents received formal healthcare, while 48% received informal type of healthcare.

**Table 3**  
**Healthcare behavior of the respondents**

Variable	Frequency	Percentage
Health Problems occurrence		
Yes	178	100
Sought Healthcare		
Yes	130	73
No	48	27
Immediate healthcare		
Yes	85	65
No	45	35
Type of Healthcare source		
Formal	68	52
Informal	62	48

### Determinants of healthcare behavior

The results of thematic analysis showed for the three main themes of determinants of healthcare behavior of the rural women in Khyber Pakhtunkhwa province. The three main themes were social, cultural, and economic determinants. These main themes were comprised of several sub-themes as discussed below.

#### Social

The social determinants of healthcare behavior has been identified as a main theme in the current study. The social structure of the society and especially of Pashtun society is embedded in various discriminatory behaviors towards women. Their health needs are not the priority due to the male dominated structure of the society. The lady health workers

were of the view that women in the rural areas have been raised in a way where their health needs have been ignored and thus women also did not give priority to their own health needs. In this regard a lady health worker expressed her opinion as;

“Women in our society has been raised and trained in a way that they have to ignore their health needs and they have to perform their routine household chores”.

“Women from rural areas whenever visit our clinics, they are mostly in a bad shape of health due to the fact that they have to perform their household responsibilities and the social structure of the society have trained them in a way that their healthcare needs are not important. Moreover, the gender discrimination are deeply rooted in the society where women healthcare needs are ignored” (Doctor).

Due to the male dominated social structure of the society, women cannot take decisions regarding their healthcare. The gender discrimination is deep rooted in the social fabric of the society and thus women cannot take decisions of their healthcare needs. Hence, their healthcare behavior depends on the willingness and affordability of the men and elders. The same fact has been endorsed by the lady health workers and doctors. A lady health worker said;

“This is very unfortunate in our society that women have to ask men for their healthcare needs. Their healthcare behavior has been shaped by the elders and men of their family members”.

### **Cultural**

Cultural determinants are of much importance which largely affect the healthcare behavior of rural women. The cultural theme included restricted mobility of rural women, low educational status, and non-preference of women healthcare needs. Most of the lady health workers and doctors were of the view that rural women have restricted mobility due to the Pushtun culture which affect their healthcare behavior negatively. These women have to not only ask for permission for their healthcare needs to visit a healthcare facility but also to accompany a male family member or an elder family member while visiting. These cultural norms are deeply rooted in the society that women did not see them as constraints towards their healthcare.

“The restricted mobility of rural women results in the delay of a healthcare service and thus badly affect women’ health” (Doctor).

In the Pashtun culture, rural women educational needs are not of much importance. The cultural practice shows foe women as dependent on male and thus their educational status is low. The educated women did not ignore their healthcare needs. However, the low levels of education badly affect rural women’ healthcare behavior.

The non-preference of women healthcare needs is a common cultural practice which further shape the healthcare behavior of rural women. They have not to express their healthcare needs until it is a serious problem.

### **Economic**

The economic factors or determinants of rural women healthcare behavior are important. The main theme included the cost of healthcare or affordability, transportation cost and availability. It is unfortunate that rural women have low educational and economic status and thus their healthcare needs depend largely on their spouses. One of the doctor said as;

“The cost of healthcare in the society burdened the households and thus to cope with this the women have to ignore their healthcare needs”.

The lady health workers were of the view that due to the cost of healthcare, rural women delay their healthcare needs. The delay in healthcare seeking behavior results in the bad health conditions of rural women. They often end up in emergencies as endorsed by most of the doctors.

The transportation cost and time factor affect the health seeking behavior of rural women. The kind of cost shape the women behavior where they intentionally ignore their healthcare needs.

Lady health workers were of the view that women due to the low levels of household income and the high transportation cost involved in health care services tend to ignore their healthcare needs. This is mainly due to the fact that in the rural areas, there are less quality healthcare facilities and in the case of emergencies the hospitals are far away.

## **Discussion**

The current study investigated the determinants of healthcare seeking behavior of rural women in Khyber Pakhtunkhwa province of Pakistan. For this, a mixed method research approach was used and data were collected through questionnaire and key informant interviews from 178 households (women) who had encountered in the past 2 weeks with any kind of illness. Descriptive statistics and thematic analysis were used for analysis. It was found that most of the rural women sought healthcare as encountered with any kind illness. However, they did not sought immediate healthcare. Similarly, these women sought healthcare from the formal and informal healthcare systems. The results are in line with the studies conducted in Pakistan and other developing countries like Bangladesh, India etc. (Naz et al., 2022b; Yadav et al., 2022; Idris et al., 2020; Chuhan et al., 2015).

In the case of determinants of healthcare seeking behavior of women in the study area, three main themes were identified as social, cultural, and economic. These themes have further sub-themes like social (i.e. gender, male dominancy or patriarchy, low levels of decision making power). These findings have been endorsed in the literature around the developing world including Pakistan (Naz et al., 2022b; Yadav et al., 2022; Mushta et al., 2020). The social factors including the patriarchal society negatively affect the health seeking behavior of rural women where they tend to ignore their health conditions until it gets an emergency situation (Askari and Gupta, 2022). The low levels of decision making power regarding women own health needs is a common in the patriarchal society where women have low levels of power over their own bodies (Naz et al., 2021). Gender discrimination is more prevalent in the healthcare in the rural areas where women healthcare needs are not preferred (Naz et al., 2022a).

Various cultural factors also determine the healthcare behavior of rural women including restricted mobility of rural women, low educational status, and non-preference of women healthcare needs. The restricted mobility in the patriarchal society of Khyber Pakhtunkhwa province is an important cultural factor which affect the healthcare behavior of women and this factor not only delay the healthcare services as the permission and male company is required for a rural women to visit the healthcare facility (Askari and Gupta, 2022). Another cultural factor which determines healthcare behavior of rural women has been identified as the education. Rural women have low educational status due to which they were largely unaware about the causes, and treatment options of illnesses (Younus et al., 2017). It has been reported in the literature that uneducated women tend to ignore their healthcare needs while, educated largely did not (Saeed et al., 2016). Moreover, educated women opt immediate, best and quality healthcare services as compared to the uneducated women (Naz et al., 2022b; Paul, 2020). Hence, improvement in educational status can positively affect the healthcare behavior of rural women (Naz et al., 2022b). the non-

preference of women healthcare needs is a cultural factor and is most prevalent in the rural areas of the country (Naz et al., 2022a) due to the low financial, educational and social status of women (Naz et al., 2018; Naz et al., 2020). It became the cultural norm that women must not speak about their healthcare needs until it's an emergency (Yadav et al., 2022).

In the case of economic factors there are various sub-factors like affordability or cost of healthcare, and the cost and availability transportation which determines the healthcare behavior of rural women. In the rural areas due to the low levels of economic opportunities, people have generally low levels of income. Furthermore, women being dependent with low educational status largely depends for their healthcare needs on their male spouses (Naz et al., 2022b). Hence, the financial status of the household along with the willingness of the male spouse determines women's healthcare behavior. Additionally, rural areas have low levels of healthcare facilities. Hence, to avail the best facility, rural women have to visit a city health care facility which involves the cost and availability of transportation (Mushtaq et al., 2020).

### **Conclusions**

Current study examined the determinants of rural women' healthcare behavior in the rural areas of Khyber Pakhtunkhwa province of Pakistan. From the findings of the study it is concluded that rural women in the study area did not seek immediate healthcare. Furthermore, it was concluded that various economic, social, and cultural factors determines rural women' healthcare behavior. Social factors primarily comprised of gender and patriarchy. The cultural factors included restricted mobility, low educational status, and non-preference of women healthcare needs, while economic factors encompassed affordability or cost of healthcare and availability and cost of transportation. Hence, social, cultural, and economic factors influenced healthcare seeking behavior of rural women in the study area. Therefore, appropriate and long term planning and execution from the formal health care system of the province in the light of current study findings are suggested.

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