

HEALTH SEEKING BEHAVIOR OF CHRONICALLY ILL PATIENTS IN DEVELOPING COUNTRIES: A REVIEW OF LITERATURE

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Abstract

Background & Objective: In developing countries, allopathic medicine is widely practiced similar to the advanced countries, however, people also believe in other forms of practices including homeopathic, Unani Tibb, spiritual healing and Chinese medicine. It is important to understand the health seeking behaviour of chronically ill patients in order to devise strategies for providing health care in a developing country. The aim of this review is to describe the current evidence on health seeking behaviour of chronically ill patients in a developing country.

Methods: We used Google Scholar, PubMed, CINAHL, Web of Science, Embase and Scopus search engines to search for literature related to health seeking behaviour of chronically ill patients in a developing country using keyword search and using MeSH. Three authors screened articles independently using title and abstracts. Eventually we recruited relevant articles for the full text review.

Results: 893 articles were retrieved using our search strategy. Of these 877 articles were excluded since these were not relevant and in line with our inclusion criteria, leaving 16 articles for full text review. Allopathic medicine is widely preferred by individuals in urban area, however, with increased duration of disease especially cancer and arthritis, a considerable section of population seeks help from Hakeem, homeopathic and spiritual healers.

Conclusion: Allopathic medicine with reliance on modern medical therapies is the most preferred choice in urban areas of developing countries, however, desperate chronically ill cancer patients, and patients with arthritis and psoriasis seek treatment from hakeems, homeopathy physicians and spiritual healer, especially in rural and inaccessible areas.

Keywords: Homeopathy, allopathy, chronically ill patients, treatment preference, health-seeking behavior, developing country, spiritual healing, Unani Tibb

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Pakistan is passing through an epidemiological transition, which implies that the population has double burden of disease. Communicable diseases are reasonably controlled, yet due to change in lifestyle and adoption of western way of life, there is an increase occurrence of non-communicable diseases such as diabetes mellitus, hypertension, arthritis, cancer and other chronic diseases. Due to chronicity of these disea-

ses, there is an element of frustration among individuals as well as inability to bear cost of allopathic treatments. Inaccessible health care facilities and cost of allopathic treatment motivates these individuals to seek care from other cheaper alternatives. Belief system also plays a role in this health seeking behaviour.

In developing countries, owing to religious and cultural factors, there are multiple treatment options ranging from homeopathic medicine, Chinese medicine, allopathic, traditional healing methods, spiritual healing and Ayurveda/Unani Tibb for chronic diseases. Factors responsible for the utilization or non-utilization of health care services are cultural beliefs, socio-demographic, socio-economic, physical, and financial acces-

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sibility, disease pattern and type of health services.¹

In Pakistan, both modern scientific medical practice labelled as allopathic medicine and traditional medicine is being practice side by side. People believe that allopathic medicines has enormous side effects and traditional healers use natural medicine with minimal harm to their body.^{2,3}

It is vital to understand the health seeking behaviour of community for devising health promotion strategies and planning for a mix of health services for the community at large. Evidence in this regard is scarce. The aim of this review is to describe the current evidence on health seeking behaviour of chronically ill patients in a developing country.

METHODS

This review was conducted from February 2022 to May 2022 in the Community Medicine Department of Khawaja Muhammad Safdar Medical College, Sialkot. Electronic databases (Google scholar, PubMed, Embase, Cochrane database of systematic reviews and Web of Science) from its inception to November 2021 was searched for original articles, reviews and case reports related to health seeking behaviour and treatment option preferred by chronically ill patients in developing countries. We searched conference abstracts, editorials and published commentaries. Our search strategy includes keyword search (“Health Seeking behaviour”, “chronic disease*”, “chronically ill”, “developing country*”, “allopathy”, “homeopathy”, “Unani Tibb”, “Spiritual heal*”, “traditional medicine”) and by Medical Subject Headings (MeSH) including. Searched articles were transferred to Mendelay-a reference manager software. Two authors screened articles independently using title and abstracts. Relevant papers were selected for full text review. All authors were distributed papers to read full text and identify the relevant themes. Finally, these themes were described as results and discussion.

RESULTS

We retrieved 893 articles using our search strategy. Among these 877 were excluded based on screening

of title and abstract since these were not relevant and in line with our inclusion criteria, leaving 16 articles for full-text review.

Review of literature

Preference for complementary medicine is not restricted to developing countries. People of many advanced countries, like the USA, Australia and South Africa, increasingly turning to complementary or tradition medicines. For instance, the frequency of complementary medicine (CAM) use in USA was 42%,⁴ whereas in Australia non-medical prescription of alternative was 48.5%.² Among the Indian community of south Africa 38.5% of African used CAM.⁵ In China, almost 98% of breast cancer patients has tried Chinese medicine.⁶ A study reported that around 9 million Italians have used at least one un-conventional therapy during the period 1997-1997.^{5,6}

In developing countries, numerous treatment options available include allopathy, homeopathy, Hakeem and their stores, herbal medication, faith healers. The dominance of a specific field of treatment relies on the effectiveness of that option of treatment for chronic diseases. The religious beliefs and the cultural norms influence the decision of people to go for a preferred treatment. Many studies show the inclination of people towards alternate medicine, which largely is factored by the cost effectiveness, social beliefs and convenience. However, depending on educational level of the community, many choose modern allopathic medicine for life threatening and emergency situations, but chronically ill patients seek help from all available options out of their desperation.⁶

In a recently conducted study, 456 patient visits were compared. About 281 received homeopathy, 175 received conventional medicine. Seventy-nine percent patients treated with homeopathy were very satisfied and 65.1% of patients treated with conventional medicine were very satisfied.⁸

Historical perspective of medical practice

Ayurvedic medicine is acknowledged as one of the oldest medicinal systems that originated in India 5000 years ago, and it is now experiencing a resurgence

in popularity in Western countries. Similarly, Traditional Chinese medicine has been practiced for over 3000 years and is currently used by more than a quarter of the world's population, with various therapies being utilized.⁸ Homeopathy is another very similar approach introduced in the 1800s by the Samuel Hahnemann a German physician. Homeopathy is viewed as a cost-effective and safe healthcare approach utilized by millions of individuals worldwide, particularly in South America. The British Royal Family has employed a homeopathic physician for four generations. The foundation of homeopathic remedies is a process known as "proving," which identifies potential remedies by comparing the symptoms they induce in high doses to those reported by a patient.⁹ Another mode of therapy is Naturopathy which started somewhere in early 1800. This is a form of alternative medicine that employs an array of pseudo-scientific practices branded as "natural", "non-invasive", or promoting "self-healing". Naturopaths claim to be the inheritors of the Hippocratic tradition.¹⁰ All these approaches fall under the umbrella of alternative or traditional medicine. According to The World Health Organization (WHO), 65–80% of the world's health care services are 'traditional medicine'.¹¹

Changes in health seeking behaviour (Allopathy vs. Alternative medicine)

The term "allopathy" was coined by Samuel Hahnemann, a German physician from the 18th century who used "allos," meaning "opposite," and "pathos," meaning "suffering," to describe the harsh medical practices of his time, which included practices such as bleeding, purging, vomiting, and administering highly toxic drugs. Today, allopathic medicine is vastly different from what it was in the 1800s. In developed countries, there is greater awareness and financial resources for healthcare, and governments often provide robust healthcare infrastructure. Consequently, people prefer to seek medical attention from experienced doctors rather than alternative treatments. However, in developing countries, overpopulation remains a significant issue that puts a strain on healthcare resources, resulting in increased demand for healthcare services.

The behavior of seeking healthcare differs across

countries. As an illustration, in 1997, Americans had 627 million appointments with alternative medicine practitioners and expended \$27 billion on alternative therapies, whereas they only had 386 million appointments with their primary care physicians. Harvard Medical School has approximated that 50% of individuals in the United States between 35 and 49 years old used at least one form of alternative therapy in 1997, indicating a 47.3% increase since 1990¹². Allopathic medicine was the preferred choice for 72% of consumers in India, while Ayurvedic medicine was preferred by 27.11%. Males favored allopathic medicine, whereas females preferred Ayurvedic medicine. Of those who preferred allopathic medicine, approximately 61% were between the ages of 21-40, while only 22% of respondents in this age group preferred Ayurvedic medicine as a therapeutic approach.¹³ In Pakistan, there is wide variation in health seeking based on place of residence. In rural areas, inaccessible health centre, non-availability of medicines give limited choices to these individuals to rely on allopathic modern treatment options, rather they prefer traditional therapies which are accessible, affordable and according to cultural belief and customs.¹⁴ Malik et al. found the use of unconventional methods of therapy (54.5% of all cancer patients), with traditional herbal medicines and homeopathy are the most commonly employed methods (70.2% and 64.4% of the sample, respectively).^{15,16}

Similarly, Samuel et al.¹⁸ on preference of cancer therapy varying with age demonstrates that people have non-scientific basis for treatment choices. They followed a group of Hispanic and non-Hispanic people and obtained their data of treatment for their staged cancers. They found that people with increasing age were reluctant to opt more effective available treatment and prefer herbal medicine. Self-medication is another behaviour commonly found in urban areas. People share prescription for similar complaints. Muflih et al.¹⁹ reported that almost two third of their population self-prescribed medication, such as antibiotics. Many studies provided evidence on the preference of traditional therapies over biomedicine for pain management. Welz et al.²⁰ in Germany reported that the preference

of mode of treatment was highly affected by the type of illness the patient has. Moreover, dissatisfaction with allopathic medicine and looking for alternate methods was the commonest prevailing reason.

CONCLUSION

Allopathic medicine with reliance on modern medical therapies is the most preferred choice in urban areas of developing countries, however, desperate chronically ill cancer patients, and patients with arthritis and psoriasis seek treatment from hakeems, homeopathy physicians and spiritual healer, especially in rural and inaccessible areas.

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