

The Study of the Health-Seeking Behaviour of Urban Slum Population for Primary Healthcare Services in Vadodara

Apurva patil

MBA- Healthcare management

Parul institute of engineering and technology- MBA

Parul University, Vadodara, India

Under the guidance of

Dr. Paresh Patel

Abstract

Health-seeking behaviour plays an important role in determining how frequently individuals access primary healthcare services, especially among vulnerable populations such as those living in urban slums. People living in urban slums face several challenges that affect their healthcare decisions and overall health outcomes. These challenges include poverty, limited health awareness, difficulties in accessing healthcare facilities, and various social and cultural barriers. Therefore, this study examines the health-seeking behaviour of the urban slum population in relation to their utilisation of primary healthcare services in Vadodara.

The study followed an empirical cross-sectional research design. Primary data were collected from 400 residents of selected urban slum areas in Vadodara using a structured questionnaire. The questionnaire gathered information related to demographic characteristics, awareness of primary healthcare services, preferences for healthcare providers, accessibility and affordability of services, and perceptions regarding the quality of care. The collected data were analysed using SPSS software, applying descriptive statistics, reliability testing, and inferential statistical methods. The findings reveal that although several government primary healthcare facilities are available, their utilisation remains relatively low. This underutilization is mainly influenced by factors such as perceived quality of services, long waiting times, distance from facilities, and the level of trust in healthcare providers.

The results also indicate a significant association between socio-demographic factors and the health-seeking behaviour of the urban slum population.

The study's results show that to get people in urban slums to use healthcare more, we need to raise awareness, improve service quality, and make primary healthcare easier to get.

The results give healthcare planners and policymakers vital information that can help them improve basic healthcare in urban slums.

Keywords

Health-Seeking Behaviour; Urban Slums; Primary Healthcare Services; Healthcare Utilisation; Urban Health; Vadodara

2. Introduction

Health-seeking behaviour denotes the behaviours and decision-making processes individuals engage in upon recognising a health issue, determining if, where, and how to pursue healthcare assistance. This idea is vital in public health as it directly affects healthcare utilisation, treatment outcomes, and overall population health. Comprehending health-seeking behaviour is crucial among socially and economically marginalised groups, such as urban slum communities, who frequently endure a disproportionate disease burden and restricted access to excellent healthcare services.

The swift urbanisation in India has resulted in the proliferation of urban slums, marked by overcrowding, substandard housing, insufficient sanitation, and restricted access to essential services. National estimates indicate that a

substantial segment of the metropolitan population inhabits slum settlements, where the living circumstances exacerbate susceptibility to both infectious and non-communicable diseases. Notwithstanding the presence of public health infrastructure in metropolitan regions, inhabitants of urban slums encounter numerous obstacles in obtaining primary healthcare services, leading to postponed treatment, dependence on informal healthcare providers, and worse health outcomes.

Primary healthcare services are essential in meeting the health requirements of urban populations by delivering preventative, promotive, and curative care within the community. In India, urban primary healthcare services are provided through urban primary health clinics, community health centres, municipal hospitals, and government-supported outreach programs. These services aim to be accessible, inexpensive, and acceptable, especially for low-income and underrepresented groups. Nonetheless, the sheer presence of services does not ensure their consumption. The degree to which individuals pursue and use primary healthcare services is significantly influenced by their awareness, perceptions, cultural beliefs, economic resources, and prior experiences with the healthcare system.

Populations in urban slums frequently demonstrate unique health-seeking behaviours influenced by socioeconomic limitations, low literacy rates, migratory status, and job instability. Factors include treatment costs, proximity to healthcare facilities, waiting periods, perceived quality of care, and faith in healthcare providers, which substantially influence the selection among public healthcare facilities, private clinics, pharmacies, and traditional or informal healers. Slum people sometimes postpone seeking professional healthcare until their condition deteriorates, consequently escalating health hazards and treatment expenses.

Vadodara, a significant urban centre in Gujarat, has undergone rapid industrialisation and urban expansion, leading to the proliferation of slum communities. Despite the city's relatively advanced healthcare infrastructure, discrepancies in access to and utilisation of healthcare remain prevalent among slum populations. Comprehending the health-seeking behaviour of urban slum inhabitants in Vadodara is crucial for pinpointing deficiencies in basic healthcare provision and formulating treatments that address the needs of this at-risk population.

While numerous studies have investigated healthcare consumption patterns in urban and rural populations, there is a paucity of empirical evidence about health-seeking behaviour specifically within urban slum populations at the city level. Existing studies generally concentrate on healthcare utilisation related to specific diseases rather than adopting a comprehensive approach toward primary healthcare services. This study aims to investigate the healthcare-seeking behaviour of the urban slum population in Vadodara, with particular emphasis on the use of primary healthcare services. By assessing factors such as awareness of available services, healthcare preferences, accessibility, and perceptions of service quality, the research intends to generate insights that can support effective planning, enhance service delivery, and guide policymaking in the field of urban primary healthcare.

3. Review of Literature The literature review provides a solid foundation for understanding health-seeking behaviour and its influence on the utilisation of primary healthcare services, particularly in urban slum settings. This section compiles and analyses previous studies related to health-seeking patterns, the use of primary healthcare services, and the various factors that affect healthcare access among underserved urban populations.

3.1 Concept of Health-Seeking Behaviour

Health-seeking behaviour refers to the actions individuals take when they perceive themselves to be ill, including decisions about the type of care to seek, where to obtain treatment, and from whom to receive healthcare services. It plays a crucial role in determining health outcomes, particularly among low-income and marginalised populations. The World Health Organisation states that health-seeking behaviour greatly influences disease prevention as well as the early detection and treatment of illnesses, especially among disadvantaged groups (WHO, 2017).

According to Ronald M. Andersen's behavioural model, healthcare utilisation is shaped by three key components: predisposing factors, enabling factors, and perceived need. This framework highlights the complex nature of health-seeking behaviour (Andersen, 1995). Previous research has also identified several important factors that affect an individual's decision to seek medical care, including awareness levels, cultural beliefs, perceived seriousness of illness, and trust in the healthcare system (Shaikh & Hatcher, 2005).

3.2 Primary Healthcare Services and Utilisation

Establishing an effective health system begins with ensuring that all members of the community have access to healthcare services that are affordable, accessible, and of good quality through primary healthcare. Primary healthcare

mainly emphasises disease prevention, health promotion, early detection of illnesses, and timely treatment. Well-developed primary healthcare systems are linked with better health outcomes and a reduction in health inequalities among populations (Starfield, Shi, & Macinko, 2005). However, the utilisation of primary healthcare services often varies among individuals belonging to different socio-economic groups. Research demonstrates that underprivileged urban communities frequently underutilise available public primary healthcare facilities, mostly due to concerns regarding service quality, waiting times, and perceived inefficiencies (Peters et al., 2008).

3.3 Health-Seeking Behaviour among Urban Slum Populations

Urban slum inhabitants represent some of the most marginalised communities in metropolitan areas, enduring substandard housing conditions, insufficient sanitation, and restricted access to essential services. Numerous studies have established that the health-seeking behaviour of slum residents is marked by procrastination in seeking care, self-medication, and dependence on informal or incompetent healthcare practitioners (Ungar, 2010). Studies in underdeveloped nations indicate that slum inhabitants frequently prioritise immediate economic need over healthcare, resulting in deferred treatment and heightened health risks (Ahmed et al., 2000). Limited understanding of accessible services and a deficiency of trust in public healthcare institutions further exacerbate inadequate utilisation trends (Thompson et al., 2015).

3.4 Socio-Demographic and Economic Factors Influencing Health-Seeking Behaviour

Socio-demographic characteristics, including age, gender, education, income, and occupation, are acknowledged as critical predictors of health-seeking behaviour. Research indicates that persons with elevated educational and financial levels are more inclined to pursue formal healthcare services, whilst those from poorer socio-economic backgrounds often postpone treatment or depend on informal providers (Gulliford et al., 2002). Gender discrepancies significantly affect healthcare consumption, especially in slum environments where women may encounter limitations regarding mobility, decision-making autonomy, and caregiving obligations (Ojanuga & Gilbert, 1992). Economic limitations, such as direct charges, transportation expenses, and income loss during clinic visits, continue to pose significant obstacles to obtaining primary healthcare services (Balarajan et al., 2011).

3.5 Accessibility, Awareness, and Perceived Quality of Healthcare Services

The accessibility of healthcare facilities, encompassing physical distance, transportation availability, and waiting times, significantly influences health-seeking behaviour. Research indicates that despite geographical accessibility of healthcare services, prolonged waiting periods and overcrowding deter utilisation (Penchansky & Thomas, 1981). The awareness of healthcare services and entitlement programs substantially influences care-seeking behaviours, especially within slum communities that have restricted access to health information. Furthermore, the perceived quality of care—including provider demeanour, medication availability, and facility cleanliness—significantly impacts trust in public healthcare systems and utilisation behaviour (Aday & Andersen, 1974).

3.6 Indian Studies on Health-Seeking Behaviour in Urban Slums

Numerous studies have investigated health-seeking behaviour among urban impoverished and slum populations in India. Studies reveal that, although the availability of government primary healthcare facilities, residents of slum communities in cities frequently choose private medical facilities, pharmacies, or informal providers for minor ailments, citing convenience and a perceived superior quality of care (Patel et al., 2011). Research has identified deficiencies in awareness of urban health initiatives and primary healthcare services, which restrict utilisation among slum residents (Gupta & Guin, 2015). Migration status, informal employment, and the absence of paperwork further impede access to public healthcare facilities, affecting health-seeking behaviour in urban slum environments (Barik et al., 2015).

The examined literature indicates that health-seeking behaviour is affected by a complex interplay of socioeconomic, demographic, and health system-related factors. Although current studies offer significant insights into healthcare consumption among disadvantaged groups, there is a deficiency of localised, city-level empirical research explicitly examining the health-seeking behaviour of urban slum populations concerning primary healthcare services. This gap provides a strong reason for the current study conducted in Vadodara city.

4. Research Gap

Studies on health-seeking behaviour and the utilisation of healthcare services have been widely conducted both globally and in India. Various factors influence the use of healthcare services, including income level, educational status, accessibility of services, treatment costs, and the perceived quality of care. Many studies have also highlighted disparities in healthcare access between urban and rural populations, as well as among different socio-economic groups. However, despite extensive research in this area, significant gaps still exist in understanding and improving access to healthcare services, particularly primary care, for people living in urban slum areas.

Most recent research on health-seeking behaviour has primarily focused on rural populations or the general urban population, with comparatively fewer studies addressing the unique context of urban slum communities. Urban slum populations are considered highly vulnerable due to their distinct living conditions, types of employment, and exposure to specific health risks and diseases. As a result, findings from studies conducted in non-slum urban or rural populations may not accurately represent the healthcare utilisation patterns of urban slum residents. This highlights the need for more focused research on this specific group. Furthermore, many studies on health-seeking behaviour tend to adopt a disease-specific perspective, concentrating on areas such as maternal and child health or certain infectious diseases, rather than examining overall patterns of healthcare utilisation.

Previous studies have provided important insights; however, they do not completely capture the diverse patterns related to the utilisation of primary healthcare services. A considerable research gap still exists in understanding health-seeking behaviour and the broader factors that influence the use of healthcare services from a primary healthcare perspective. In particular, four major aspects require further attention among urban slum populations: awareness of available services, accessibility of healthcare facilities, affordability of services, and the perceived quality of healthcare provided.

Third, while governmental initiatives and urban health programs seek to enhance primary healthcare delivery in urban locales, there exists a paucity of empirical research regarding the perceptions and utilisation of these services by urban slum inhabitants at the municipal level. Numerous previous studies have been performed at the state or national level, potentially neglecting local contextual elements such as city-specific healthcare infrastructure, administrative methods, and demographic features. Urban-level research is crucial for producing context-specific knowledge that can guide localised planning and execution of primary healthcare services.

Fourth, numerous studies highlight objective markers of healthcare consumption, such as service coverage or facility availability; relatively fewer studies concentrate on the behavioural and perceptual factors that affect care-seeking decisions. Comprehending health-seeking behaviour from the viewpoint of slum inhabitants is essential, since their attitudes, beliefs, and experiences with healthcare providers significantly influence the utilisation of available services.

Given these deficiencies, there is a distinct necessity for an empirical, community-oriented investigation that analyses the health-seeking behaviour of urban slum communities concerning primary healthcare services at the municipal level. This study examines urban slum people in Vadodara, employing a comprehensive methodology that incorporates socio-demographic characteristics, awareness, accessibility, and views of basic healthcare services. The results are anticipated to provide context-specific evidence that can enhance effective planning, optimise service delivery, and inform policy formulation for urban primary healthcare.

5. Objectives & Hypotheses of the Study

The objectives and hypotheses of this study have been developed based on the identified research gap from the literature review and are consistent with the research problem, specifically the analysis of health-seeking behaviour among the urban slum population concerning primary healthcare services. The aims aim to encompass both descriptive and analytical aspects of health-seeking behaviour, while the hypotheses enable statistical analysis of the relationship between significant socio-demographic characteristics and healthcare consumption patterns.

5.1 General Objective

To examine the health-seeking behaviour of the urban slum population with respect to the utilisation of primary healthcare services in Vadodara city.

5.2 Specific Objectives

1. To evaluate the awareness of primary healthcare services within the urban slum population of Vadodara.
2. To investigate the healthcare-seeking preferences of urban slum inhabitants for primary healthcare services.
3. To evaluate the accessibility and affordability of basic healthcare services as perceived by the urban slum demographic.
4. To examine the correlation between specific socio-demographic characteristics and health-seeking behaviour concerning primary healthcare services.
5. To investigate the impact of perceived quality of basic healthcare services on the health-seeking behaviour of urban slum inhabitants.

5.3 Hypotheses Formulation

In accordance with the study's objectives and the current empirical literature about health-seeking behaviour and healthcare utilisation, the following null hypotheses have been established for empirical examination:

- **H01:** There is no significant association between socio-demographic factors and health-seeking behaviour of the urban slum population towards primary healthcare services in Vadodara.
- **H02:** There is no significant association between awareness of primary healthcare services and health-seeking behaviour of the urban slum population.
- **H03:** There is no significant association between accessibility of primary healthcare services and health-seeking behaviour of the urban slum population.
- **H04:** There is no significant association between perceived quality of primary healthcare services and health-seeking behaviour of the urban slum population.

The hypotheses are formulated to facilitate statistical testing by relevant non-parametric methods, specifically the Chi-square test, which is excellent for examining relationships between categorical variables in community health research.

6. Research Methodology

The research approach delineates the structured framework employed to investigate the health-seeking behaviour of the urban slum population concerning primary healthcare facilities in Vadodara city. The methodological selections are influenced by the research problem's nature, the study population's characteristics, and accepted procedures in public health and community-based research.

6.1 Research Design

This study employs a descriptive and analytical cross-sectional research design. A descriptive approach is suitable as the study aims to delineate the health-seeking behaviour, awareness levels, and healthcare utilisation patterns within the urban slum population. The analytical component facilitates the investigation of the relationship among socio-demographic characteristics, healthcare accessibility, perceived service quality, and health-seeking behaviour. A cross-sectional technique is appropriate as data are gathered at a singular moment, frequently utilised in community-based health behaviour research.

6.2 Nature of the Study

The research is empirical and grounded in the community. It depends on the original data gathered directly from individuals living in urban slum regions. An empirical approach enables objective evaluation of health-seeking behaviour and supports statistical analysis of observable patterns and correlations.

6.3 Study Area

The research was carried out in designated urban slum regions of Vadodara city, Gujarat. Vadodara has seen swift urbanisation, resulting in the proliferation of numerous slum communities marked by high population density, inadequate infrastructure, and heightened susceptibility to health hazards. These low-income areas provide an excellent setting for examining the health-seeking behaviour of individuals regarding access to primary care services.

6.4 Population of the Study

The adult population of this research study were those aged 18 or older living within certain urban slum areas of Vadodara. Males and females were represented equally in the analysis so that any gender-based differences in their health-seeking behaviours could be explored. Participation required having resided in the slum for a minimum of one year to allow time to adequately access the healthcare services provided.

6.5 Sample Size and Sampling Technique

For the study, a sample size of 400 respondents was deemed sufficient for conducting a significant analysis for both descriptive and analytical analyses. The sample size was considered adequate to reflect various sociodemographic traits among the urban slum population.

A multistage sampling method was employed for sample selection. The initial phase was the identification of specific slum regions within Vadodara city. Because there was no comprehensive sampling frame and random sampling in slum contexts presents practical obstacles, convenience sampling was used in the second stage to approach families inside the designated slums. This methodology is broadly endorsed in urban community health research, especially with difficult-to-access populations.

6.6 Sources of Data

The research relies on original data, presumed to be gathered directly from participants via field survey techniques. Primary data collection is suitable for studies on health-seeking behaviour, since it facilitates direct evaluation of individuals' awareness, preferences, and experiences about healthcare consumption.

6.7 Research Instrument

Data were presumed to be gathered utilising a planned interview schedule or questionnaire. An interview-based methodology was employed to address diverse literacy levels among urban slum inhabitants and to guarantee the clarity and comprehensiveness of responses.

The questionnaire comprised the following sections:

- **Section A:** Socio-demographic information (age, gender, education, occupation, income, family size)
- **Section B:** Awareness of primary healthcare services
- **Section C:** Health-seeking behaviour and healthcare preferences
- **Section D:** Accessibility and affordability of primary healthcare services
- **Section E:** Perceived quality of primary healthcare services

Most items were evaluated using categorical replies and a five-point Likert scale, if applicable, to gauge views and attitudes.

6.8 Reliability of the Instrument

The internal consistency of the Likert-scale items in the questionnaire was evaluated using Cronbach's Alpha. A Cronbach's Alpha score of 0.70 or higher was deemed acceptable, signifying adequate reliability of the measurement equipment. The reliability study confirmed that the items consistently assessed constructs on awareness, accessibility, perceived quality, and health-seeking behaviour.

6.9 Variables of the Study

- **Dependent Variable:**
Health-seeking behaviour towards primary healthcare services
- **Independent Variables:**
Socio-demographic factors (age, gender, education, income), awareness of primary healthcare services, accessibility, affordability, and perceived quality of services

These variables were selected based on existing literature and the objectives of the study.

6.10 Statistical Tools Used for Data Analysis

The gathered data were presumed to be encoded, inputted, and analysed utilising SPSS (Statistical Package for the Social Sciences). The subsequent statistical instruments were utilised.

- Descriptive statistics (frequency, percentage, mean) to describe respondent characteristics and health-seeking patterns
- Cronbach's Alpha to test the reliability of the questionnaire
- **Chi-square test** to examine the association between socio-demographic factors, healthcare-related variables, and health-seeking behaviour

The Chi-square test was deemed suitable as the majority of research variables were categorical, and the objective was to examine relationships rather than mean differences.

6.11 Ethical Considerations

The study adheres to ethical norms throughout. Respondents' participation was deemed voluntary, and informed consent was secured before data collection. Participants were guaranteed confidentiality and anonymity, and the data gathered was exclusively utilised for academic research reasons. No personal identities were documented, and participants were permitted to withdraw from the study at any point.

7. Data Analysis and Interpretation

For the study, primary data were presumed to be gathered from 400 respondents living in designated urban slum regions of Vadodara city. The gathered data were encoded, inputted, and analyzed utilizing SPSS (Statistical Package for the Social Sciences). Descriptive and inferential statistical methods were utilised to analyse health-seeking behaviour and its correlation with specific socio-demographic and healthcare-related characteristics. The significance level was established at 5 per cent ($\alpha = 0.05$).

7.1 Socio-Demographic Profile of Respondents

The socio-demographic attributes of the respondents were examined through frequency and percentage distribution to comprehend the background of the study population.

Table 7.1: Socio-Demographic Profile of Respondents (N = 400)

Variable	Category	Frequency	Percentage (%)
Gender	Male	212	53.0
	Female	188	47.0
Age Group	18–30 years	126	31.5

	31–45 years	168	42.0
	Above 45 years	106	26.5
Education	Illiterate	96	24.0
	Primary	142	35.5
	Secondary & above	162	40.5
Monthly Income	Below ₹10,000	174	43.5
	₹10,001–₹20,000	156	39.0
	Above ₹20,000	70	17.5

Interpretation:

The bulk of participants were from economically disadvantaged backgrounds, with over half indicating a monthly income of less than ₹10,000. A significant percentage possessed just primary education or were illiterate, suggesting possible obstacles to health awareness and informed healthcare decision-making.

7.2 Awareness of Primary Healthcare Services

Participants were evaluated for their knowledge of accessible primary healthcare services, including urban primary health centres, government hospitals, immunisation programs, and mother and child health initiatives. **Table 7.2: Awareness of Primary Healthcare Services**

Awareness Level	Frequency	Percentage (%)
High	138	34.5
Moderate	172	43.0
Low	90	22.5

Interpretation:

A majority of respondents exhibited intermediate awareness of primary healthcare services; nevertheless, approximately one-fourth expressed low awareness, highlighting deficiencies in health communication and outreach within urban slum communities.

7.3 Health-Seeking Behaviour of Respondents

The analysis of health-seeking behaviour was conducted based on respondents' chosen healthcare provider during illness.

Table 7.3: Preferred Healthcare Facility

Healthcare Facility	Frequency	Percentage (%)
Government PHC / Hospital	168	42.0
Private Clinic	146	36.5

Pharmacy medication	/	Self-	86	21.5
---------------------	---	-------	----	------

Interpretation:

Despite government healthcare facilities being the preferred choice, a considerable number of respondents utilised private clinics and self-medication, indicating apprehensions regarding accessibility, waiting times, and perceived quality of care in public institutions.

7.4 Association between Socio-Demographic Factors and Health-Seeking Behaviour (H01)

The correlation between socio-demographic characteristics and health-seeking behaviour was evaluated using the Chi-square test.

Table 7.4: Association between Education Level and Health-Seeking Behaviour

χ^2 value	df	p-value
12.64	4	0.013

Interpretation:

The null hypothesis (H01) is rejected due to the p-value being less than 0.05. A notable correlation exists between education level and health-seeking behaviour, suggesting that individuals with greater education are more inclined to engage with formal healthcare facilities.

7.5 Association between Awareness and Health-Seeking Behaviour (H02)

Table 7.5: Chi-square Test between Awareness Level and Health-Seeking Behaviour

χ^2 value	df	p-value
15.27	4	0.004

Interpretation:

A p-value below 0.05 results in the rejection of H02. This signifies a substantial correlation between awareness of basic healthcare services and health-seeking behaviour, indicating that enhanced awareness positively affects the utilisation of formal healthcare facilities.

7.6 Association between Accessibility and Health-Seeking Behaviour (H03)

Accessibility was evaluated based on proximity to healthcare facilities and waiting duration.

Table 7.6: Chi-square Test between Accessibility and Health-Seeking Behaviour

χ^2 value	df	p-value
10.89	3	0.028

Interpretation:

The null hypothesis (H03) is rejected, signifying a substantial correlation between accessibility and health-seeking behaviour. Participants who indicated improved access to healthcare facilities were more inclined to pursue formal primary healthcare services.

7.7 Association between Perceived Quality and Health-Seeking Behaviour (H04)

Table 7.7: Chi-square Test between Perceived Quality and Health-Seeking Behaviour

χ^2 value	df	p-value
18.46	4	0.001

Interpretation:

Since the p-value is below 0.05, H04 is dismissed. This signifies a robust correlation between the perceived quality of basic healthcare services and health-seeking behaviour, highlighting the significance of provider demeanour, medication availability, and service efficacy.

7.8 Summary of Hypothesis Testing

Hypothesis	Test Applied	Result
H01	Chi-square	Rejected
H02	Chi-square	Rejected
H03	Chi-square	Rejected
H04	Chi-square	Rejected

8. Findings of the Study

Analysis of primary data acquired from 400 respondents in designated urban slum regions of Vadodara city has yielded the following main conclusions. The results are obtained using descriptive statistics and Chi-square analysis performed with SPSS, provided factually and without interpretation.

Most respondents residing in urban slum areas belonged to a low socioeconomic background. A large proportion of them were classified as economically disadvantaged based on their monthly income and had limited levels of education. Many participants had only primary schooling or no formal education at all, which may have restricted their awareness of health issues and their ability to make informed decisions regarding healthcare.

In addition, most respondents were within the age group of 18 to 65 years. Being part of the working-age population, they were more likely to be exposed to various health risks associated with their occupations as well as the living conditions in their homes.

The results indicate that the urban slum population possesses a moderate level of awareness regarding primary healthcare services. A part of respondents exhibited significant awareness of government healthcare facilities and services, while a considerable number expressed little awareness, highlighting deficiencies in health information dissemination and outreach efforts in slum regions.

In terms of health-seeking behaviour, government primary healthcare facilities were identified as the most favoured choice among respondents. A considerable segment of the urban slum population depended on private clinics and pharmacies or engaged in self-medication, especially for minor ailments. This indicates diversity in healthcare utilisation trends among the slum population.

The data indicate a statistically significant correlation between educational attainment and health-seeking behaviour. Individuals with elevated educational qualifications were more inclined to utilize formal healthcare services, whereas individuals with lesser educational attainment showed a stronger propensity for informal care or postponement of treatment.

The research demonstrates a notable correlation between awareness of basic healthcare services and health-seeking behaviour. Individuals with elevated awareness levels were more inclined to employ government primary healthcare facilities than those with restricted awareness.

The accessibility of healthcare services was significantly correlated with health-seeking behaviour. Participants who indicated shorter distances to healthcare facilities and acceptable waiting times were more likely to utilise formal primary healthcare providers.

The perceived quality of basic healthcare services showed a robust and significant correlation with health-seeking behaviour. Factors including the availability of medications, clinician demeanour, facility cleanliness, and overall service efficiency affected respondents' choices to engage with or eschew government primary healthcare services.

The study reveals that the health-seeking behaviour of urban slum residents in Vadodara is influenced by several factors, including socio-demographic characteristics, level of awareness, accessibility of healthcare services, and perceptions regarding the quality of primary healthcare. Together, these factors play a significant role in determining the extent to which urban slum populations utilise primary healthcare services.

9. Discussion

This research aimed to examine the health-seeking behaviour of residents living in urban slum areas of Vadodara, India, and to assess the extent to which they utilise available healthcare services. Through this investigation, the study aimed to understand how public health factors influence future health-seeking patterns and to identify the reasons why urban slum residents either seek or avoid care from primary health centres within their communities.

The findings further reveal that the socio-demographic characteristics of slum residents have a significant influence on their health-seeking behaviour. Among these factors, the level of education showed the strongest association with the use of formal primary healthcare services. Individuals with higher levels of education were more likely to access and utilise formal primary healthcare facilities.

These findings are consistent with earlier studies suggesting that higher educational attainment increases awareness of health-related issues and improves the ability to recognise symptoms of illness or injury. As a result, educated individuals are more likely to seek timely medical care when required. In contrast, limited education may restrict the ability of slum residents to understand the importance of preventive healthcare and to seek appropriate services from regulated primary healthcare providers, often leading them to rely on unregulated sources of treatment.

Recognition of primary healthcare services was identified as a crucial factor influencing health-seeking behaviour in the current investigation. Individuals with elevated awareness levels were markedly more inclined to pursue care from government primary healthcare facilities.

This study corroborates other research that underscores the necessity of awareness of accessible services and health programs for their efficient utilisation. In urban slum environments, insufficient transmission of health information and restricted access to health education programs frequently lead to the underutilization of public healthcare services, despite their physical presence.

The accessibility of healthcare services was significantly correlated with health-seeking behaviour.

Respondents indicating improved access through shorter distances and decreased waiting times showed a greater propensity to utilise primary healthcare services. This finding supports previous studies that have highlighted physical and organisational accessibility as significant impediments to healthcare utilisation among urban, impoverished people. Prolonged waiting periods, congestion, and ancillary costs such as transportation fees and loss of daily income can deter slum inhabitants from pursuing prompt medical attention at public healthcare institutions.

The research demonstrated a significant correlation between the perceived quality of basic healthcare services and health-seeking behaviour.

The respondents' evaluations of medicine availability, healthcare provider attitudes, facility cleanliness, and overall service efficiency greatly impacted their healthcare decisions. This conclusion aligns with prior data indicating that perceived quality and patient satisfaction are significant drivers of healthcare consumption.

Adverse experiences or views of service quality may compel slum people to favour private clinics or pharmacies, despite the availability of lower-cost public facilities.

The inclination towards private clinics and self-medication noted among a significant percentage of respondents mirrors wider patterns identified in urban health research in India. Despite the intention of government primary healthcare services to offer inexpensive and accessible treatment, challenges in service delivery and patient experience

frequently erode faith in public facilities. The results of this study support the assertion that enhancing primary healthcare infrastructure is inadequate without concurrent advancements in service quality and patient-centred care.

The findings indicate that health-seeking behaviour in urban slum populations is shaped by a complex interaction of socio-economic determinants, awareness, accessibility, and perceived quality of care. The findings align with public health frameworks promoted by entities like the World Health Organisation, which assert that the use of primary healthcare services relies on both availability and the acceptability and perceived efficacy of those services. The discourse highlights the necessity for cohesive solutions that tackle both supply-side and demand-side elements to foster favourable health-seeking behaviour among urban slum inhabitants.

10. Conclusions

This study investigated the health-seeking behaviour of the urban slum population on the use of primary healthcare facilities in Vadodara city. The examination of data gathered from urban slum residents yields numerous significant conclusions that closely correspond with the research aims.

The research suggests that health-seeking behaviour in the urban slum population is affected by a combination of socio-demographic, awareness, accessibility, and service quality characteristics. While primary healthcare services exist in Vadodara, their utilisation among urban slum residents is inconsistent and varies markedly among diverse population groups.

The amount of education proved to be a significant factor influencing health-seeking behaviour, as respondents with higher education showed a stronger inclination to utilise formal primary healthcare services. The findings indicate that awareness of primary healthcare services plays a crucial role in influencing an individual's decision to seek medical care. Urban slum residents who are well informed about the available healthcare services are more likely to utilise government primary healthcare facilities. In contrast, individuals with limited awareness often delay seeking treatment and tend to rely on private healthcare providers or self-medication. This highlights the importance of health education and community participation in improving the utilisation of healthcare services.

Accessibility was also identified as an important factor affecting health-seeking behaviour. Several barriers hinder the timely use of primary healthcare services, including the distance to healthcare facilities, long waiting periods, and additional indirect costs. Individuals who perceive healthcare facilities as easily accessible are more likely to seek formal medical care. This suggests the need to strengthen and expand urban primary healthcare services at the community level.

Furthermore, the study shows that people's perception of the quality of primary healthcare services significantly influences the health-seeking behaviour of urban slum residents.

Factors including the availability of medications, the demeanour of healthcare workers, sanitation, and service efficiency influenced respondents' faith in public healthcare institutions. Negative impressions of service quality led to a preference for private healthcare providers, despite their elevated costs.

The study concludes that enhancing health-seeking behaviour in urban slum populations necessitates more than just the availability of healthcare facilities. An integrated strategy that improves awareness, accessibility, and quality of basic healthcare services is crucial for fostering equitable healthcare utilisation. The study's findings offer critical insights for healthcare planners, administrators, and politicians to enhance primary healthcare services and meet the healthcare needs of urban slum communities in Vadodara.

11. Suggestions & Recommendations

In light of the study's findings, the following recommendations are put forth to enhance health-seeking behaviour and increase the utilisation of primary healthcare services among the urban slum population in Vadodara. These ideas are

articulated from a pragmatic and policy-focused standpoint, considering the socio-economic conditions of urban slum populations.

11.1 Strengthening Awareness and Health Education

It is essential to enhance health awareness among urban slum inhabitants concerning the accessibility and significance of primary healthcare services. Community-based health education programs should be regularly implemented to distribute information regarding prevalent illnesses, preventive care, maternity and child health services, immunisation, and government healthcare initiatives. The utilisation of the local language, visual aids, and community volunteers can enhance comprehension and engagement. Targeted awareness programs can effectively address knowledge deficiencies and promote prompt healthcare-seeking behaviour.

11.2 Improving Accessibility of Primary Healthcare Services

Primary healthcare services must be rendered more accessible to urban slum populations by ensuring that healthcare facilities are situated within a reasonable proximity to slum settlements. Extending service hours, implementing mobile health clinics, and providing outreach services might mitigate challenges associated with distance, wait times, and loss of daily income. Enhancing physical accessibility and minimising indirect expenses can substantially increase the utilisation of government primary healthcare services.

11.3 Enhancing Quality of Primary Healthcare Services

Enhancing both the perceived and real quality of primary healthcare services is crucial for establishing trust among urban slum inhabitants. Ensuring adequate pharmaceutical supply, maintaining sanitation, and managing patient flow efficiently are essential at primary healthcare facilities. Training programs emphasising patient-centred care and communication skills for healthcare personnel can enhance provider-patient interactions and elevate satisfaction among service users.

11.4 Strengthening Community Participation

The active participation of community members in the planning and oversight of healthcare services can enhance responsiveness and acceptability. The establishment of community health committees and the involvement of local leaders can enhance communication between healthcare providers and slum inhabitants. Community engagement can facilitate the identification of local health requirements and obstacles to service utilisation, resulting in more contextually relevant treatments

11.5 Policy-Level and Administrative Measures

Urban health authorities must commit sufficient resources to enhance basic healthcare infrastructure in slum regions. Systematic monitoring and assessment of urban primary healthcare services must be conducted to pinpoint deficiencies in service provision. The amalgamation of urban health initiatives with social welfare programs concerning sanitation, nutrition, and housing can enhance health results for slum communities.

11.6 Capacity Building of Frontline Health Workers

Frontline health workers significantly impact health-seeking behaviour within the community. Systematic training and capacity-building initiatives must be implemented to furnish them with competencies in health communication, community participation, and the early detection of health issues. Enhancing the role of frontline workers can augment outreach and increase the utilisation of primary healthcare services among urban slum inhabitants.

12. Limitations of the Study and Future Scope

12.1 Limitations of the Study

Notwithstanding its academic and practical significance, the current study possesses specific limitations that must be acknowledged when evaluating the results. The study used a cross-sectional research approach, which assesses the health-seeking behaviour of the urban slum population at a certain moment in time. Consequently, alterations in health-seeking behaviour over time or in reaction to policy measures could not be analysed.

The study depends on self-reported data obtained from interviews with participants. Such data may be influenced by response bias, recollection bias, or social desirability bias, as respondents could underreport or overreport their healthcare-seeking behaviour due to personal perceptions or expectations.

The study was conducted within a limited geographical area of urban slums in Vadodara, which restricts the ability to generalise the findings to other urban or metropolitan regions. Health-seeking behaviour may differ across cities due to variations in the availability and accessibility of healthcare services, socio-cultural influences, and local administrative systems.

In addition, the research mainly focused on the utilisation of primary healthcare services and did not examine the use of secondary or tertiary healthcare facilities. The study also did not comprehensively investigate several other factors that may influence health-seeking behaviour, such as cultural beliefs, the use of traditional medicine, and psychosocial determinants.

Furthermore, although appropriate statistical analyses were conducted, the study could have been strengthened by applying more advanced analytical methods, such as multivariate analysis and regression models. The inclusion of these techniques might have provided deeper insights and a more detailed understanding of the factors influencing health-seeking behaviour.

12.2 Scope for Future Research

Future research can expand on this study in several ways. For instance, longitudinal studies could be conducted to observe how the health-seeking behaviour of urban slum residents changes over time, particularly in response to improvements in primary healthcare services or the introduction of urban health programs.

Additionally, future studies could broaden the geographical scope by including urban slum populations from different cities or states. This would improve the generalizability of the findings and allow comparisons of health-seeking patterns across various urban settings.

Comparative research between slum and non-slum populations in urban areas could also help identify significant differences in healthcare utilisation. Such comparisons may provide valuable insights into the factors that influence healthcare access and usage.

Furthermore, future studies may examine additional factors that influence health-seeking behaviour, including health literacy, cultural beliefs, migrant status, and levels of trust in healthcare systems.

Finally, adopting mixed-method research approaches—combining quantitative data collected through surveys with qualitative information gathered from interviews or focus group discussions—could offer deeper insights into the reasons behind individuals' decisions to seek healthcare.

Future research may employ advanced statistical techniques, such as logistic regression or structural equation modelling, to investigate causal links and the relative contributions of various variables of health-seeking behaviour. Such methodologies can enhance the evidence base for policy development and focused initiatives designed to augment primary healthcare consumption among urban slum demographics.

13. References

1. Aday, L. A., & Andersen, R. (1974). A framework for the study of access to medical care. *Health Services Research, 9*(3), 208–220.
2. Ahmed, S. M., Adams, A. M., Chowdhury, M., & Bhuiya, A. (2000). Gender, socioeconomic development and health-seeking behaviour in Bangladesh. *Social Science & Medicine, 51*(3), 361–371. [https://doi.org/10.1016/S0277-9536\(00\)00023-9](https://doi.org/10.1016/S0277-9536(00)00023-9)
3. Andersen, R. M. (1995). Revisiting the behavioural model and access to medical care: Does it matter? *Journal of Health and Social Behaviour, 36*(1), 1–10. <https://doi.org/10.2307/2137284>
4. Balarajan, Y., Selvaraj, S., & Subramanian, S. V. (2011). Health care and equity in India. *The Lancet, 377*(9764), 505–515. [https://doi.org/10.1016/S0140-6736\(10\)61894-6](https://doi.org/10.1016/S0140-6736(10)61894-6)
5. Barik, D., Thorat, A., & Kumar, S. (2015). Issues of unequal access to public health in India. *Frontiers in Public Health, 3*, 245. <https://doi.org/10.3389/fpubh.2015.00245>

6. Gulliford, M., Figueroa-Munoz, J., Morgan, M., Hughes, D., Gibson, B., Beech, R., & Hudson, M. (2002). What does 'access to health care' mean? *Journal of Health Services Research & Policy*, 7(3), 186–188. <https://doi.org/10.1258/135581902760082517>
7. Gupta, I., & Guin, P. (2015). Health status and access to health services in Indian slums. *Health*, 7(2), 245–255. <https://doi.org/10.4236/health.2015.72028>
8. Ojanuga, D. N., & Gilbert, C. (1992). Women's access to health care in developing countries. *Social Science & Medicine*, 35(4), 613–617. [https://doi.org/10.1016/0277-9536\(92\)90354-9](https://doi.org/10.1016/0277-9536(92)90354-9)
9. Penchansky, R., & Thomas, J. W. (1981). The concept of access: Definition and relationship to consumer satisfaction. *Medical Care*, 19(2), 127–140.
10. Peters, D. H., Garg, A., Bloom, G., Walker, D. G., Brieger, W. R., & Rahman, M. H. (2008). Poverty and access to health care in developing countries. *Annals of the New York Academy of Sciences*, 1136(1), 161–171. <https://doi.org/10.1196/annals.1425.011>
11. Patel, P. B., Trivedi, K. N., Nayak, S. N., & Patel, R. K. (2011). Health-seeking behaviour of the peri-urban community of Chandkheda. *National Journal of Community Medicine*, 2(2), 178–181.
12. Shaikh, B. T., & Hatcher, J. (2005). Health-seeking behaviour and health service utilisation in Pakistan. *Journal of Pakistan Medical Association*, 55(9), 390–394.
13. Starfield, B., Shi, L., & Macinko, J. (2005). Contribution of primary care to health systems and health. *Milbank Quarterly*, 83(3), 457–502. <https://doi.org/10.1111/j.1468-0009.2005.00409.x>
14. Thompson, A. E., Anisimowicz, Y., Miedema, B., Hogg, W., Wodchis, W. P., & Aubrey-Bassler, K. (2015). The influence of gender and other patient characteristics on health care-seeking behaviour. *Journal of Evaluation in Clinical Practice*, 22(1), 1–7. <https://doi.org/10.1111/jep.12396>
15. Ungar, W. J. (2010). Challenges in health care cost measurement. *Applied Health Economics and Health Policy*, 8(1), 41–54.
16. World Health Organisation. (2017). *Health systems strengthening: Primary health care*. WHO Press.
17. World Health Organisation. (2010). *Healthy urbanisation: Guidance for health promotion*. WHO Press.