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Health-seeking behaviour in vulnerable urban areas

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PRUV Deliverable 5.3

Work Package 5: Developing Human Resilience using Public Health Preparedness



Health-seeking behaviour in vulnerable urban settings

Findings from the Preparedness and Resilience to address Urban Vulnerabilities (PRUV) Project



High levels of urbanization have wrought significant economic and social change in metropolitan areas. High density of population within any given urban district creates pockets of vulnerable areas, such as in Jakarta. These vulnerable areas are characterized by poverty, unsuitable housing, limited infrastructure and limited access to basic services such as healthcare.

Access to and the use of healthcare services is directly related to the quality of health of a community. This Policy Brief focuses on the health-seeking behavior of residents of vulnerable areas. Findings are based on household survey research conducted by the PRUV project in the following localities:

- Rawa Badak Utara and Lagoa, Jakarta, Indonesia;
- Altos de la Florida, Soacha, Colombia;
- Kibera and Kawangware, Nairobi, Kenya.

Methodological approach

PRUV conducted data collection in 2017 in two urban villages in Lagoa and Rawa Bada Utara, located in Koja sub district, North Jakarta, which were, aside from in Bogota and Nairobi. Data collection was undertaken on the basis of a cross-sectional approach and was implemented using the Open Data Kit (ODK) application.

The questions in the questionnaire comprised characteristics of the households that were being visited and their experiences in facing a particular symptom and/or illness; whether they ever contracted a particular symptom or illness, and what steps have they taken to address the symptom or illness. Household respondents were also asked about the status of their health insurance ownership.

The analysis covers the distribution and prevalence of every healthcare service predictor. The final analysis covers multivariate logistic regression to study the relationship between healthcare services and health insurance ownership. All statistical tests were conducted using STATA 15 with a confidence level of 95% and the relationship between variables were stated in odds ratio.



What we found

In total, there were 1,201 households from three different countries that were interviewed, where 37.1% of them reported that they had been sick within two weeks before their interview. As much as 76.9% of the those who responded that they were sick sought treatment for their symptoms or illnesses. The symptoms or illnesses that were most experienced by these household members were complaints of coughing (13,6%), followed by fever and headache (10.7% and 10.6% respectively). Interestingly, the results showed that **complaints of fever and headache rarely caused people to seek medical treatment**. This finding differed when compared with **traffic accidents and malaria, where everyone who suffered these two conditions would seek medical treatment**. Compared to Colombia and Kenya, Indonesia has the highest rate of efforts to seek medical treatment, at 69.4%.

This research clearly shows that ownership of health insurance, in this context **government health insurance, will result in a higher rate of effort to seek medical treatment** compared to those who are not covered by government health insurance (51.7% compared to 38.9%). Home ownership status, considered a proxy of socioeconomic status in this research, does not result in a difference in decision-making as to whether to seek medical treatment or not.

Having children under five years old would cause a person to seek medical treatment compared to those who do not have children under five years in their care. The more children under five years in a household, the more likely the householders are to seek medical treatment should they contract a symptom or an illness. Analysis also shows that place of residence, whether in Jakarta, Soacha, or Nairobi, does not influence the probability of a person seeking medical treatment when she or he contracts a symptom or an illness.

Multivariate logistic regression analysis shows that government health insurance coverage is the most salient factor in determining whether a person will seek medical treatment when one of his/her family members contracts a symptom or an illness.

Coverage by government health insurance has a stronger influence when compared to socioeconomic status or city of residence. Other factors aside from ownership status that also have a strong influence is the number of family members within a family, especially the number of children below the age of five



What can we conclude?

This research clearly shows that government health insurance coverage strongly influences the inhabitants of vulnerable areas in urban districts when making decisions to seek medical treatment. In fact, this ownership status has a greater influence than a family's socioeconomic status. This finding is very significant, given that the lack of resources experienced by these inhabitants hinder them from accessing healthcare facilities.

The availability of government health insurance can guarantee households can obtain healthcare services as needed regardless of their ability to pay. This is very important given that living in a vulnerable urban area in itself is already a risk for one to contract an illness or have a poor health status.

What we should do in the future

In Indonesia, the presence of Badan Penyelenggara Jaminan Sosial – Kesehatan (BPJS-K), or the Social Security Administrative Body for Health, is an example of government-owned health insurance that can guarantee that all levels of society can access healthcare regardless of their ability to pay. To ensure that this system runs smoothly, local government authorities must ensure that every citizen that is entitled to BPJS-K from the government enjoy coverage in practice. Awareness-raising efforts regarding the citizens' rights and obligations in using BPJS-K must also be undertaken so that its coverage is well-targeted and effective in increasing quality of health. It should also be noted that this must be done without neglecting efforts in health promotion and preventive measures.



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