



Health Seeking Behaviour During the COVID-19 Pandemic and Influencing Factors in Indonesia

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ARTICLE INFO

Manuscript Received: 17 Sept 2024

Revised: 10 Dec, 2024

Accepted: 30 Dec, 2024

Date of publication: 10 Feb, 2025

Volume: 5

Issue: 1

DOI: [10.56338/jphp.v5i1.5360](https://doi.org/10.56338/jphp.v5i1.5360)

KEYWORDS

Health Seeking Behaviour;
COVID-19 Pandemic;
Affecting Factors

ABSTRACT

Introduction: Data from the Indonesian Ministry of Health on April 13, 2020, indicated that there were up to 4,557 positive COVID-19 cases in 34 provinces, 380 cases that recovered, and 399 cases that died. One of the transmissions of COVID-19 occurs through nosocomial infections that occur in health service institutions, namely hospitals, health centres', or polyclinics. The significant incidence of nosocomial infection cases in the COVID-19 transmission chain raises the question of whether or not this alters community patterns around health service utilization. The objective of this research was to ascertain the community's health-seeking behavior during the COVID-19 epidemic and the elements that impact that behavior. The novelty of this research focused on the sociocultural context in Indonesia and its contributions to global discussions on pandemic health behavior.

Methods: This study used a cross-sectional survey methodology. People living on Indonesian territory make up the research's population. There were 312 participants in the study's sample. Accidental sampling was the method employed for sampling. A questionnaire is the data collection tool and using logistic regression to analysed data.

Results: During the COVID-19 pandemic, 56.4 percent of people had good health seeking behavior, compared to 43.6 percent of people who had poor health-seeking behavior. Most of the respondents sought treatment at health services (99.0%), and the rest did not seek treatment at health services (1.0%). Respondents who seek medical treatment include practicing doctors (76.3%), primary health clinics (60.3%), puskesmas (59%), and hospitals (69.2%). During the COVID-19 pandemic, factors that affected health-seeking behavior were income (0.01), marital status (0.001), travel time to health services (0.029), and health-service knowledge (0.069).

Conclusion: There is a joint influence of income, marital status, travel time to health services, and knowledge of health seeking behavior during the COVID-19.

Publisher: Pusat Pengembangan Teknologi Informasi dan Jurnal Universitas Muhammadiyah Palu

INTRODUCTION

The number of COVID-19 cases is rising swiftly, and it is spreading to other nations. Data from the Indonesian Ministry of Health on April 13, 2020, indicated that there were up to 4,557 positive COVID-19 cases in 34 provinces, 380 cases that recovered, and 399 cases that died (1). Corona virus disease (COVID 19) affects people's behavior in seeking health services. The epidemic has a negative influence on people's behavior while seeking health (2). The public's growing anxiety and worry about getting an acute respiratory infection (3). Variations in people's fears about viruses and opinions about their health during the COVID-19 pandemic have led to shifts in how people use health services (4). Behavioral changes in seeking health services due to the COVID-19 pandemic. There is a tendency for people not to visit doctors/hospitals during the COVID-19 pandemic because of mild symptoms such as headaches or diarrhea. People tend to self-medicate during the COVID-19 pandemic in Pakistan.(5) During the COVID-19 pandemic, help-seeking behavior for mental health was examined, and any changes that had happened were evaluated (6). There are many different, sometimes unclear, and social-ecologically-based aspects that influence the behavior of people who seek healthcare. For effective treatments to promote healthcare-seeking behavior, an understanding of these intricacies is necessary (7). The problem of this research is the high number of cases of nosocomial infection in the transmission of COVID-19 whether it changes the health seeking behaviour in the community. Research that has been conducted in Indonesia regarding factors that influence health seeking behavior during the Covid-19 pandemic in Indonesia is limited to variables of respondent characteristics, health information media, knowledge, and anxiety (8), (9), (10), (11). The aim of this research was to ascertain the health-seeking behavior during the COVID-19 epidemic in Indonesia, as well as the factors that impact that behavior. This study is innovative and state-of-the-art because it examines variables that have never been examined previously that affect shifts in the Indonesian community's behavior when seeking health care during the COVID-19 pandemic. The novelty of this research emphasizes the 17 independent variables which were studied thoroughly based on theories of health seeking behavior during the Covid 19 pandemic and expanding existing literature on influencing factors its.

METHOD

In order to ascertain the determinants influencing health seeking during the COVID-19 pandemic in Indonesia, this study method combines quantitative research with an analytical survey methodology. The study's population consists of Indonesian citizens. The influence of independent variables on the dependent variable—health seeking behavior during the COVID-19 pandemic—is examined in this study using a cross-sectional methodology. Because cross-sectional research is effective and robust enough from a methodological standpoint, and because it can examine the dynamics of the link between risk variables and their outcomes, researchers employ it. The assumption that the independent variables have a significant impact and the relatively big or numerous numbers of research subjects are the drawbacks of this strategy. However, the Slovin formula has been used to achieve this with a sample size of 312. Sampling used the accidental sampling method. Strategies for gathering data through the distribution of questionnaires for study. The behavior of seeking health is the dependent variable in this research. The independent variables of this study were: knowledge about health services, beliefs, age, gender, education level, income level, type of work, marital status, distance to health services, travel time to health services, access to health services, family support, perceptions of the severity of the disease, perceptions of the quality of health services, and perceptions of the risk of COVID-19 transmission were the independent variables in this study. A total of 30 respondents evaluated the validity and reliability of this study questionnaire before to data collection. Valid and trustworthy questionnaires are then sent to Jenderal Soedirman University's Faculty of Health Sciences' study ethics commission. Research data are analysed using three different methods: multivariate analysis using logistic regression, bivariate analysis using chi square test, and descriptive analysis.

Ethical Approval

This study has received ethical approval from the Health Research Ethics Commission of the Faculty of Health Sciences, General Soedirman University, with permit number 474/EC/KEPK/VI/2021. All participants gave written informed consent after receiving an explanation of the purpose, procedures, benefits, and potential risks of the study, in accordance with ethical principles.

RESULTS

Respondent characteristics

Based on the data on the characteristics of the respondents, it shows that most of the respondents are teenagers (82.4%), female (81.7%), coming from Central Java (57.4%), having graduated from high school (55.4%), student work (38.1%), income level > 3,500,000 (43.9%), single status (84.9%), no family dependents (31.7%), and no history of disease (77,2%). The characteristics of the respondents in this study are the independent variables studied because they are thought to be factors that influence health seeking behavior during the Covid 19 pandemic. For example, regarding the marriage variable, in theory, married individuals are more likely to practice health seeking behavior compared to those who are not married.

Table 1. Distribution of Respondents Characteristics

Respondents characteristics	Frekuensi (f)	Persentase (%)
Age		
1. Late Adolescence (17-25 years)	257	82,4
2. Early Adult (26-35 years)	42	13,5
3. Late Adult (36-45 years)	8	2,6
4. Early Elderly (46-55 years)	5	1,6
Total	312	100
Gender		
1. Man	57	18,3
2. Woman	255	81,7
Total	312	100
Province		
3. Aceh	1	0,3
4. Bali	2	0,6
5. Bandar Lampung	3	1
6. Bangka Belitung	1	0,3
7. Banten	14	4,5
8. DIY	5	1,6
9. DKI Jakarta	21	6,7
Jawa Barat	58	18,6
Jawa Tengah	179	57,4
Jawa Timur	17	5,4
Kepulauan Riau	5	1,6
NTB	1	0,3
Sumatera Barat	3	1
Sumatera Utara	2	0,6
Total	312	100
Education		
1. Graduated From Middle School	2	0,6
2. Graduated From High School	172	55,1
3. Diploma/S1/S2/S3	138	44,2
Total	312	100
Work		
1. Student	119	38,1
2. Employees	22	7,0
3. Civil Servants	27	8,7
4. Health Workers	15	4,8
5. Trader	8	2,6
6. Not Working	6	1,9
Others	87	27,9
Total	312	100

Respondents characteristics	Frekuensi (f)	Persentase (%)
Income		
1. Low Income (\leq Rp 1.500.000)	63	20,2
2. Medium Income ($>$ Rp 1.500.000 – Rp 2.500.000)	63	20,2
3. High Income ($>$ Rp 2.500.000 – Rp 3.500.000)	49	15,7
4. Very High Income ($>$ Rp 3.500.000)	137	43,9
Total	312	100
Married Status		
Not Married	265	84,9
Yet Marry	47	15,1
Total	312	100
Number of Family dependent		
0	99	31,7
1	37	11,9
2	49	15,7
3	59	18,9
4	40	12,8
5 \geq	28	9,0
Total	312	100
Illnes History		
No	241	77,2
yes	71	22,8
Total	312	100

Health Seeking Behavior

Based on Table 2. shows that most respondents have a good health seeking behaviour during the COVID-19 pandemic (56.4%), and the rest have a poor health seeking behavior (43.6%).

Table 2. Behavior Related to Seeking Health Care During the COVID-19 Pandemic

Variable		frequency (f)	Percentage (%)
Health Seeking behavior	Not Good	136	43,6
	Good	176	56,4
	Total	312	100

Table 3. The Covid-19 Pandemic's frequency distribution of health-seeking behavior

No	Statement	Yes		No	
		N	%	N	%
1	Go to Practicing doctor	238	76,3	74	23,7
2	Go to Clinic Health	188	60,3	124	39,7
3	Go to Public Health Centers	184	59	128	41
4	Go to Hospital	216	69,2	96	30,8
5	Doing Self Medication	207	66,3	105	33,7
6	Doing Herbal Treatment	175	56,1	137	43,9
7	Conduct health consultations through health applications	104	33,3	208	66,7
8	Doing alternative medicine to a shaman/physician	15	4,8	297	95,2
9	Do nothing until it heals itself	92	29,5	220	70,5

No	Statement	Yes		No	
		N	%	N	%
10	Conduct health consultations through telemedicine	87	27,9	225	72,1
11	Carry out health checks through health applications/telemedicine	64	20,5	248	79,5

Factors Related To Health Seeking Behavior

Table 4 shows factors associated with health-seeking behavior during the COVID-19 pandemic. Age (0.026), ability to pay (0.010), and awareness of health services (0.042) were the independent variables linked to the behavior of seeking health, according to the findings of the association test using the person correlation test. The study employed binominal logistic regression analysis with the backward wald technique to examine the impact of independent factors on health seeking behavior during the COVID-19 pandemic. The following model is displayed by the analysis performed in step 16: The analysis's findings indicate that the following factors together affect people's decision to seek medical attention during the COVID-19 pandemic: income (0.01), marital status (0.001), travel time (0.029), and knowledge of health services (0.069). With a knowledge exp (B) value of 1.589, the health-seeking behavior during the COVID-19 pandemic will change by 1.589 for every unit increase in knowledge.

Table 4. the results of the chi-square test

No	Independent Variable	significance Value pearson chi-square	Relationship
1	Age	0,026	Yes
2	Gender	0,734	No
3	Income	0,041	Yes
4	Marrital Status	0,002	Yes
5	Number of Family Dependent	0,435	No
6	education	0,406	No
7	Access to health facilities	0,855	No
8	Assurance Ownership	0,100	No
9	Ability To Pay	0,010	Yes
10	Illnes History	0,408	No
11	Knowledge	0,042	Yes
12	Attitude	0,262	No
13	Trust	0,478	No
14	Family support	0,761	No
15	perception of disease severity	0,238	No
16	Service Quality	0,070	No
17	Perception of covid transmission	0,820	No

Table 5. The Result of the influence test with logistic regression

No	Independent Variable	sig	Exp (B)	Influence
1	Income	0,010	1,3	Yes
2	Marrital Status	0,001	0,314	Yes
3	travel time to health services	0,029	0,303	Yes
4	Knowledge of Health Services	0,069	1,589	Yes

DISCUSSION

According to the study's findings, the majority of respondents (56.4%) looked for high-quality healthcare, while 43.6% did not seek medical attention. According to this research, the majority of respondents (99.0%) used health services to treat their illnesses during the COVID-19 pandemic; only 1% of respondents did not use health services, demonstrating a positive health-seeking behavior during a pandemic. Comparing this to changes in health service utilization during the pandemic in Pakistan, where 37.1% of individuals self-medicated, is still preferable (5). Thirty-three percent of the 126 participants in the Urban Area Chengalpattu during the COVID-19 pandemic chose private healthcare institutions as their initial treatment option (12). According to the review, the prevalence of self-medication during COVID-19 ranged from 7.14 to 88.3%, a remarkably high percentage (13). The most frequent reason for self-medication actions was fear of infection (26.6%), which was followed by having a minor illness (30.4%). For symptoms of headache (29.6%), cough (26.6%), and fever (24.6%), the respondents self-medicated (14). The primary goals of self-medication were to cure and prevent COVID-19; the most commonly reported symptoms were fever, body aches, coughing, headaches, and sore throats. (13). Changes in behavior, including dietary and lifestyle choices, self-medication, and the adoption of COVID-19-related safety measures, were implemented (15).

The form of the health seeking behavior that was not good during the COVID-19 pandemic was to do treatment independently by buying drugs from a dispensary without a doctor's prescription (66.3%), taking treatment with herbs (56.1%), taking alternative medicine to a shaman / healer (4.8%), and do nothing until it heals itself (27.9%). Based on Pariyana's research (2021), which indicated that during the pandemic there were three ailments that were frequently treated with self-medication, including fever (56%), flu (54%), and cough (53%), there was a propensity for community self-medication during the COVID-19 pandemic era also happened in Palembang (16). 97% of the respondents said they purchased these medications from pharmacies. The findings of Suryaningsih's study from 2021 also revealed that during the COVID-19 pandemic, a small percentage of respondents (15.27%) in the city of Denpasar self-medicated with vitamin C. This practice was irrational when it came to the appropriate drug indication, appropriate drug administration technique, appropriate dosage, appropriate storage, and alertness to side effects. (17).

The use of herbs for treatment in this study was 56.1%, it could be due to the influence of spreading information on the function of herbal plants through social media. Dissemination of this information affects public confidence in the benefits of herbal medicine rather than drugs (18). Anggraeni (2021) asserts that using herbs might strengthen the immune system. The body can avoid contracting COVID-19 (Coronavirus-19 disease) by having optimal immunity. This demonstrates that the goal of using herbs is to boost immunity as opposed to curing a sickness (19).

The results of this study still showed 4.8% of respondents did alternative treatment to a shaman/physician. This is according to Yulianti's research (2018), which states that the practice of medicine by traditional healers is influenced by the construction of theological and metaphysical thought. People choose to go to a shaman/physician because they think the illness they are experiencing is mystical, and cannot be treated with medical treatment. [13]. The study's findings suggest that people's behavior in treatment is more diverse, there are respondents who only use medical services, some use alternative health services, some use telemedicine services, and some use a combination of these various treatment activities. This is in accordance with Marnah's research (2016) that the behavior of using health services by PKH participants varies from preachers who only use medical health services, some only use alternative health services, and some use both. [14].

The study's findings also demonstrate that participants who use health services for treatment by making several choices of health care facilities include practicing doctors (76.3%), primary health clinics (60.3%), health centers (59%), hospitals (69%), conduct health consultations through telemedicine consultations/health applications (27.9%), and conduct health checks through telemedicine/health applications (20.5%). According to Pangoempia's (2021) research, one effect of the COVID-19 pandemic on the use of the puskesmas's current health services is the decline in the number of patients and visitors (20). An interesting finding in this study is the use of health consultations and examinations through telemedicine/health applications. The COVID-19 pandemic resulted in changes in the health care system for patients, especially chronic diseases (21). Telemedicine was underutilized and understudied prior to the COVID-19 pandemic. There was a significant increase in telemedicine consultations during this time due to less rules and more payment parity (22). During the COVID-19 pandemic, telemedicine as a health care system is a promising endeavour and has good potential to assist lower the burden of health costs (23) (24).

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The results of this study still showed 4.8% of respondents did alternative treatment to a shaman/physician. The practice of medicine by traditional healers is influenced by the construction of theological and metaphysical thought. People choose to go to a shaman/physician because they think the illness they are experiencing is mystical, and cannot be treated with medical treatment (25). The results of this study indicate that people's behavior in treatment is more diverse, there are respondents who only use medical services, some use alternative health services, some use telemedicine services, and some use a combination of these various treatment activities. that preachers who exclusively use medical services, some who only use alternative health services, and some who use both have different health service-using behaviors from PKH participants (26).

The study's findings suggest that the following factors together affect people's decision to seek medical attention during the COVID-19 pandemic: income (0.01), marital status (0.001), travel time (0.029), and health service knowledge (0.069). The knowledge exp (B) value of 1.589 indicates that following the COVID-19 pandemic, a change of 1.589 in the behavior related to seeking health care will result from a knowledge increase of 1. One of the things influencing people's decision to seek health care is their availability to them (27). The cost factor, individual characteristics, accessibility to health services, and knowledge of health services are the elements that impact the behavior of using health services (26). During the pandemic, travel restrictions and lockdowns, heightened medical knowledge, and the fear of catching COVID-19 from a medical facility were the main causes of changed health-seeking behavior(5). The COVID-19 epidemic has acted as a driving force toward improvements in habits connected to health, lifestyle choices, and health knowledge, even while healthcare utilization has decreased due to poor economic status and limitations in the current health system (28). During the COVID-19 pandemic, the most important factor influencing behavior in seeking medical attention is awareness about health services; yet, 31.4% of respondents still have inadequate knowledge about health services. In the digital age, social media can reach a larger audience, making it a powerful tool for health promotion and raising awareness of health services. This promotional strategy is safe from the risk of spreading COVID-19 since it does not involve the public in health promotion activities during the pandemic. Creative social media content, such as infographics, brief videos, and engaging live streaming, can be used to promote health (29).

Limitations And Cautions

Determining a cause-and-effect link is challenging due to the cross-sectional design of the study. Since information was only acquired at one specific point in time, it is challenging to ascertain Health Seeking Behavior during the Covid 19 Pandemic elements.

Recommendations For Future Research

Create a longitudinal research design on health-seeking behavior that can describe changes in health-seeking behavior including the factors that influence it over time. Future research could examine the effectiveness of social media platforms to increase knowledge about health seeking behavior.

CONCLUSION

During the COVID-19 pandemic, 56.4% of people had good health-seeking behavior, while 43.6% of people had poor health-seeking behavior. One percent of the respondents did not seek treatment at health services, whereas the majority of respondents (99.0%) sought treatment there. Practicing physicians (76.3%), primary health clinics (60.3%), puskesmas (59%), and hospitals (69.2%) are among the respondents who seek medical attention. The factors that together impact the health-seeking behavior during the COVID-19 pandemic include awareness of health services (0.069), income (0.01), marital status (0.001), and travel time to health services (0.029). With an exp (B) knowledge value of 1.589, knowledge is the most significant study variable. This means that a one-unit increase in knowledge will result in a 1.589-unit change in the behavior of seeking health care during the COVID-19 pandemic. The most effective health promotion method used to increase knowledge about health services during the Covid-19 pandemic is through social media. This can reduce bad health seeking behavior such as self-medication and alternative medicine

AUTHOR'S CONTRIBUTION STATEMENT

Each author made an equal contribution to the study's idea and design.

CONFLICTS OF INTEREST

This study does not contain any conflicts of interest.

SOURCE OF FUNDING STATEMENTS

The article contains all relevant information.

ACKNOWLEDGMENTS

We express our gratitude and highest appreciation to LPPM Jenderal Sudirman University for the research funds provided.

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