

## Correlation between Knowledge and Attitude to Health-Seeking Behaviour among Madurese in Surabaya, Indonesia

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### ABSTRACT

Everyone should have good access toward health services where and when they need, therefore, various ways are used to seek treatment. In the Madurese, health-seeking behaviour is determined by many factors. The study aimed to analyze the relationship between the level of knowledge and attitudes of the Madurese related to health-seeking practice. The research was conducted on 50 Madurese living in Surabaya. This research was conducted to measure the behaviour of the Madurese in health-seeking. Behaviour is divided into knowledge, attitudes, and practice. The independent variables in this study are knowledge and attitudes, and the dependent variable is the practice or effort of health-seeking. The results showed that the level of knowledge is good (92%), and the attitude toward health-seeking behaviour is negative (78%). Most of the respondents choose self-medication when they are sick (70%). Statistical analysis showed that knowledge was not significantly related to health-seeking practice (p-value = 0,075), while attitudes were significantly related to health-seeking practice (p-value=0,001).

**KEYWORDS:** Attitude, Knowledge, Health-seeking Behaviour, Madurese

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### INTRODUCTION

Health is a basic human right; therefore, people should be able to access health services when and where they need them [1,2]. A number of efforts were made by people to obtain health services such as self-medicating, taking traditional medicine, buying medicines, and seeking treatment at health services [3]. However, there are several people who ignore health by not making efforts to seek treatment. The reason someone is reluctant to seek treatment is due to poor health services, people's understanding that the disease will heal itself, and the lack of money and time [4,5].

The Madurese have many types of traditional medicine. This is one of the causes of various efforts to seek treatment for the Madurese [6]. This can be seen from the data of a decrease in Community Health Care visits from 2019 to 2021 [7,8]. Madurese uses traditional medicine for several types of illness that are considered mild, such as fever, common cold, and cough and to increase appetite since their availability and affordability [9]. Besides that, the level of knowledge and attitudes toward health-seeking

behaviour has a large role in determining efforts to seek treatment [10].

### RESEARCH METHODOLOGY

The study is a quantitative observational study with a cross-sectional design. The sample is the Madurese, who live in Surabaya as many as 50 people. Behavioural assessment uses Bloom's taxonomy: knowledge, attitudes, and practice. Independent variables include knowledge and attitudes. The level of knowledge is categorized into good and not good; attitudes are categorized into positive and negative attitudes. The dependent variable is the effort or practice in seeking treatment, categorized into self-medication and seeking treatment at health facilities, including community health centres, clinics, and hospitals. Analysis of the relationship between the level of knowledge and attitudes with the practice in seeking treatment was carried out using a chi-square with an  $\alpha$  of 0.05. The ethical committee at the Ciputra University School of Medicine approved the study with ethical clearance number 010/EC/KEPK-FKUC/VII/2022.

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## RESULT

Respondent characteristics include gender, age, education, and occupation.

**Table 1. Characteristics of respondents**

| Characteristic      | Frequency (n) | Percentage (%) |
|---------------------|---------------|----------------|
| Sex                 |               |                |
| Male                | 14            | 28             |
| Female              | 36            | 72             |
| <b>Total</b>        | <b>50</b>     | <b>100</b>     |
| Age                 |               |                |
| ≥18 – 35 years old  | 9             | 18             |
| 36 - 50 years old   | 15            | 30             |
| 51 – 64 years old   | 15            | 30             |
| ≥65 years old       | 11            | 22             |
| <b>Total</b>        | <b>50</b>     | <b>100</b>     |
| Education           |               |                |
| College             | 2             | 4              |
| High School         | 15            | 30             |
| Middle School       | 14            | 28             |
| Elementary School   | 15            | 30             |
| Do not go to school | 4             | 8              |
| <b>Total</b>        | <b>50</b>     | <b>100</b>     |
| Occupation          |               |                |
| Unemployed          | 8             | 16             |
| Merchant            | 23            | 46             |
| Housewife           | 10            | 20             |
| Construction worker | 3             | 6              |
| Service provider    | 2             | 4              |
| Food business       | 2             | 4              |
| Health worker       | 1             | 2              |
| College student     | 1             | 2              |
| <b>Total</b>        | <b>50</b>     | <b>100</b>     |

Table 1 shows that most of the respondents are women, with 30% in groups of 36-50 and 51-64. Most of the respondents have high school and elementary education levels. As many as 23% of respondents work as merchants.

**Table 2. Description of knowledge, attitudes, and health-seeking practice**

| Variable                | Category                                       | Frequency (n) | Percentage(%) |
|-------------------------|--|---------------|---------------|
| Knowledge               | Good   | 46            | 92            |
|                         | Not good                                       | 4             | 8             |
|                         | <b>Total</b>                                   | <b>50</b>     | <b>100</b>    |
| Attitude                | Positive                                       | 11            | 22            |
|                         | Negative                                       | 39            | 78            |
|                         | <b>Total</b>                                   | <b>50</b>     | <b>100</b>    |
| Health seeking practice | Health Service (Primary health care, Hospital) | 15            | 30            |
|                         | Self-medication                                | 35            | 70            |
|                         | <b>Total</b>                                   | <b>50</b>     | <b>100</b>    |

Table 2 shows that most of the respondents have good knowledge (92%) and a negative attitude (78%). As many as 70% choose to self-medicate when they are sick.

**Table 3. The Relationship between Knowledge and Attitudes with Health seeking Behaviour**

| Variable  | Category     | Health seeking Behaviour |                 | Total     | p-value |
|-----------|--------------|--------------------------|-----------------|-----------|---------|
|           |              | Health Service           | Self-medication |           |         |
| Knowledge | Good         | 12                       | 34              | 46        | 0,075   |
|           | Not good     | 3                        | 1               | 4         |         |
|           | <b>Total</b> | <b>15</b>                | <b>35</b>       | <b>50</b> |         |
| Attitude  | Positive     | 10                       | 1               | 11        | 0,001   |
|           | Negative     | 5                        | 34              | 39        |         |
|           | <b>Total</b> | <b>15</b>                | <b>35</b>       | <b>50</b> |         |

The results of data analysis showed that knowledge is not significantly related to seeking treatment, as indicated by the p-value (0.075), which is more than  $\alpha$  (0.05). Table 3 shows that attitude is significantly related to seeking treatment as indicated by a p-value (0.001) less than  $\alpha$ .

## DISCUSSION

The results showed that knowledge was not significantly related to respondents' practice in seeking treatment, even though most of the respondents had good knowledge regarding health-seeking behaviour. This can be affected by demographic conditions where respondents live in urban areas; therefore, access to information and health services is easy [11,12]. In this study, it was found that respondents had good knowledge of treatment-seeking behaviour, but the level of knowledge that respondents had was not examined in more depth.

Based on the results of this research, it is known that 46 respondents have good knowledge of treatment seeking behaviour, but 37 respondents (80%) still choose not to seek treatment from health services. This can be caused by several factors, including respondents who already know the proper health-seeking behaviour but do not have time to come to health services because they choose to do other work activities. There were also several respondents who chose not to seek treatment from health services if they only experienced a mild illness or one they thought they had frequently experienced, and would seek treatment from health services if they experienced a more serious illness or did not get better.

Besides that, the Madurese have many types of traditional medicine that have been used for a long time and are still used today [13]. This is what makes people tend to choose self-medication as evidenced by the results of research showing that most respondents choose to self-medicate, one of them with herbs. Herbs is a traditional medicine whose ingredients come from plants in the form of leaves, stems, fruits, seeds, and roots which have medicinal properties that have been passed down from generation to generation [14].

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Selection of self-medication is usually done by applying traditional medicine [15]. Traditional medicine is commonly used because of easy access, affordable prices and trusted by the community (16). Self-medication can also be done by buying drugs in stores or pharmacies and even those who buy online [17,18].

The attitude that a person has is closely related to the actions to be taken, including seeking treatment [19]. This is in accordance with the results of the study which showed a significant relationship between the attitudes and practice of the respondents regarding seeking treatment. The results showed that most of the respondents had a negative attitude towards seeking treatment and chose to treat themselves when they were sick.

People's negative attitude towards seeking treatment is caused by many factors, including gender, age, occupation, family economic status, family conditions, stigma, and understanding of the disease [20,21]. Some people also think that their illness will heal by itself or the symptoms they feel are not severe enough and not bothersome so they do not need to seek treatment [5]. Other factors such as the reliability and the responsiveness of the healthcare facility, also contribute to people's attitude toward healthcare. If a health facility takes a long time to give services at the health facility, this will encourage respondents to choose to do other activities and avoid absenteeism from work [22, 23]. As healthcare facility it is important to promote the importance of seeking treatment in each facility to implement the correct health-seeking behaviour in the society, particularly by providing the needs in society [24].

### CONCLUSION

Knowledge is not significantly related to action or treatment-seeking efforts. The cause can be due to several factors, such as the knowledge that respondents have only reached the level of knowing and not understanding or applying this knowledge to everyday life. It could also be influenced by other supporting factors which result in respondents being unable to implement the knowledge they have in everyday life. So it can be concluded that knowledge is not a factor that significantly influences a person in determining treatment-seeking behaviour. Therefore, better education of the public regarding health-seeking behaviour from medical and non-medical personnel is very important. The education provided must target a higher level of knowledge, not just knowledge. This is expected to support improvements in treatment-seeking behaviour in the community.

Meanwhile, attitude has a significant relationship with treatment-seeking actions in the Madurese who live in Surabaya. Respondent with negative attitudes is more likely not to seek treatment from health facility. This is caused by bad habits regarding treatment-seeking behaviour.

Respondents felt that illnesses could heal themselves without requiring treatment or only requiring medicines that were freely sold in pharmacies, so this encouraged respondents to respond with a negative attitude, namely by not seeking treatment at health services. Apart from the respondent's habits, the environment or perception of health services also drives the respondent's treatment seeking behaviour. Therefore, as a healthcare provider, it is important to create a better image about the healthcare facility for the society to push it to seek treatment nearby.

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