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Health care seeking behavior among females in Pokhara: A case study

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Abstract

Health care seeking behavior is the psychological behavior that a person and family search for the health care after the illness. The pathway model assumes that individuals have equal access to healthcare and can rationally evaluate their options. The objective of the study is to explore the health care seeking behavior of women in Pokhara, Kaski. The study carried out the qualitative research paradigm with case study research design. Primary qualitative data were collected from purposive sampling technique. Data were collected through an in-depth interview guide and case study checklist developed in accordance with the Pathway Model of Health-Seeking Behavior and thematically analyzed using model-guided coding and cross-verification of narratives to enhance reliability. It is found that the case was aware of health illness. The case responded according to the intensity and time duration of the illness. Family members' suggestions are main supportive factors for health service seeking behavior. There is not any practice of the home remedies and ayurvedic medicine or treatment system. Family members also took suggestion from other paramedics of the health personnel for the service seeking. findings indicate that female do not always follow the linear pathway assumed in conventional health-seeking models; instead, they often rely on informal care, normalize symptoms, and delay professional treatment even when health services are available. Although family support plays a positive role in encouraging care seeking, women's decisions are strongly influenced by deeply rooted gender norms and personal expectations, particularly during midlife health transitions.

Keywords: *Behavior, family role, female, health care, pathway model*

Introduction

Health care seeking behavior is the psychological behavior that a person and family search for the health care after the illness. Once the person feels the uncomfortable and problematic he/she tries to seek for the treatment. The severity and intensity of the illness also plays a role in the health seeking behavior. It is seen that female represent more likely of illness and go for the treatment compared to the male (Rata Mohan et al. 2025). A comprehensive analysis of the barriers in healthcare accessibility found that many women rely on community support or traditional healers before seeking professional medical help, significantly altering their pathway to care (Chughtai et al., 2023). It also varies according to the cost of health services, transportation cost and the financial condition of the family and an individual (Wang, Brenner, Leppert, Banda, Kalmus, & Nlergi, 2015). This underscores the need for gender sensitive interventions in healthcare deliver. Service delivery guides the behavior for health care seeking and utilization (Shahabuddin, 2019). The major theme is the role of socioeconomic status and migration in health-seeking behavior. It had shown the low income and informal housing often lead women to rely on health facilities or guide to health services (Ziblim et al, 2019; Amoah, 2021).

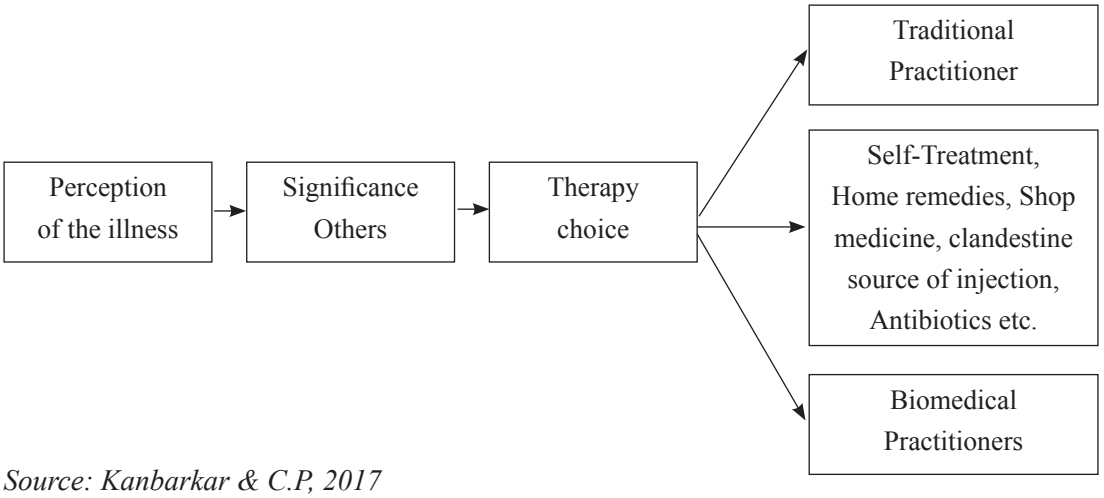
Developing countries' women's do not give priority to the health needs because of the patriarchal social system of primary decision-making thereby delaying or depriving the women from timely care (Sen & Östlin, 2008). Research in Pakistan, illustrates that women's health-seeking behavior, particularly for conditions like cervical cancer, is hindered by a lack of resources and access to care pathways (Chughtai et al., 2023). In Nepal the diverse factors influencing their access to healthcare. It depends upon the belief, attitude and the personal behavior of the person for the illness, resources and the accessibility. Similarly, Anwar et al. (2023) show that in Southern Punjab, socio-cultural barriers like the belief that a woman's place is at home hindered health-seeking for serious conditions like tuberculosis. The study on female community health volunteers (FCHV) in Surkhet, for instance, shows that age and awareness greatly influence cervical cancer screening behavior (Thapa and Bhatta, 2024). Likewise, the key work emphasizes the underutilization of maternal health services, particularly among married adolescent girls in rural areas, shaped by factors like family support and local healthcare availability, and the time of the gender inequities.

Pathway model

The pathway model, widely applied in understanding health-seeking behavior, is introduced on a series of decision-making steps that individuals undertake when seeking healthcare (Kanbarkar & C.P, 2017). These steps often adopt rationality, where individuals move through different phases from symptom recognition to treatment. This action based on the experience of severity and accessibility of health services. In the context of female health-seeking behavior, such as those involving reproductive or mental health, and chronic health conditions also associated with the social, cultural, and economic factors which shape for the decision for care seeking (Doyal, 1995; Doll et al., 2021). Connell's theory of gender and power carryout that the way of sexual division of labor, power, and charge thoroughly drawback the women in seeking the service through the lack of financial dependency and decision-making power (Connell, 1987; Connell & Pearse, 2015). For instance, the pathway model assumes that individuals have equal access to healthcare and can rationally evaluate their options. However, this assumption overlooks barriers like stigma, cultural norms, or even fear of judgment, which significantly delay or prevent help-seeking, especially among women (Chughtai et al., 2023). In mental health, prospective studies that functional impairments may immediate help-seeking, baseline stigma and previous experiences can hinder care seeking (Doll et al., 2021). Similarly, Kleinman's explanatory model also assumed that the women used to normalize the pain and illness along with the gender responsibilities, and cultural norms that affects the care seeking behavior (Kleinman, 1980).

Figure 1

Theoretical Framework of Pathway Model



Source: Kanbarkar & C.P, 2017

Moreover, the pathway model tends to oversimplify the healthcare-seeking journey by neglecting how women navigate informal healthcare systems or rely on non-professional advice before approaching formal institutions. Case studies in mental health services show that women often delay seeking specialized help due to the perceived risks of societal judgment or due to inadequate support systems (Tang & Qin, 2015). In this light, the pathway model's assumption of a direct development from problem recognition to help-seeking fails to account for these complex and iterative behavioral patterns.

Hence, this model support to describe the shapes of health-seeking behavior, but it inadequately captures the realities of women's care-seeking experiences. Its assumption of rational decision-making and equal access overlooks gendered power relations, financial dependency, stigma, and cultural expectations that shape women's health choices. Evidence from studies on mental, reproductive, and chronic health shows that women often delay formal care, rely on informal advice, or normalize illness due to social responsibilities and fear of judgment. This highlights the absence of gender-sensitive adaptations of the pathway model that account for non-linear and iterative care-seeking processes. It is important to address gaps for the relevance of health behavior models and informing equitable service delivery. So, this study aims to explore the health care seeking behavior of women in Pokhara, Kaski. This is based on single case and compared with pathway model. It is an overview of the theory and comparison of output.

Methods of Data Collection and analysis

The study carryout the qualitative research paradigm with case study research design is used to explore the contest and information of health seeking behavior. Primary qualitative data were collected from purposive sampling technique. Sample was selected single with criteria of accessibility of health care service, long term illness experience, family economic stability, and regular treatment engagement. Data were collected through an in-depth interview guide and case study checklist developed in accordance with the Pathway Model of Health-Seeking Behavior, focusing on symptom recognition, healthcare experiences, cultural beliefs, economic barriers, and family influence. It was conducted in two phases, including follow-up after three months with additional interviews from the family members to triangulate the data. for the confirmation and validation of data. Data were thematically analyzed using model-guided coding and cross-verification of narratives to enhance reliability. Ethical approval procedures were followed, verbal informed consent was obtained from all participant and family members,

and confidentiality was maintained by anonymizing personal identifiers, with data used solely for research purposes.

Results and discussion

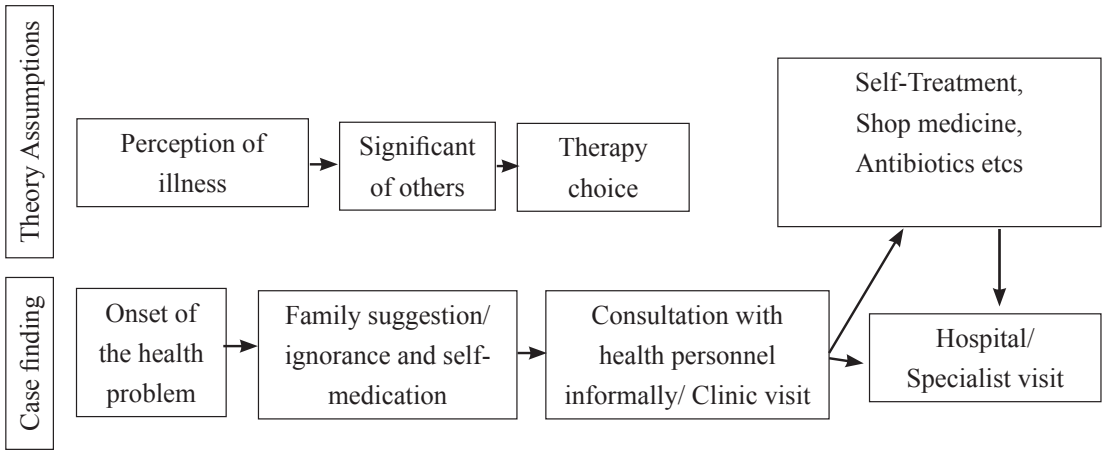
Health-seeking behavior, particularly among women, is shaped by a complex interplay of socio-economic, cultural, and personal factors. This case study investigates how these factors influence the healthcare decisions of women, focusing on their pathways to seeking care in various health contexts, including reproductive and mental health. The pathway model, which suggests a linear decision-making process from symptom recognition to treatment, often oversimplifies this behavior by ignoring barriers such as stigma, accessibility, and cultural norms. Through an empirical analysis of healthcare-seeking patterns, this study aims to critically assess the assumptions of the pathway model, offering a more nuanced understanding of how women navigate healthcare systems in diverse environments.

The case is taken from Pokhara metropolitan city with 49 year's women. She has menopausal syndrome from 3 years and got menopause for 7 months associated with migraine, long-term sweating and osteoarthritis. Migraine occurs at least once in a month. She is using painkiller medicine for three years. She used to practice of holding for some days (1-2 days) after the onset of the illness. She thinks that the illness is not that much problematic. If the problem continues more than three days she goes to the clinic nearby. She used to think that the health problem is occurring due to the seasonal change, chronic living behavior and the physical weakness occurred in past. The family suggests for the health institution visit to her. But she used to refuse the suggestion for the time. She used to use allopathic medicine but does not use the home remedies or the ayurvedic medicine. If it does not work, she used to go to the local clinic where the family are following the practice for the long time. Even the family gives the pressure for the visit of the health professional she did not used to obey them and always follow her own protocol. She takes the medicine for some days that got from the clinic. If this does not work only, she used to go for the hospital. Even in hospital she used to seek the treatment from the specialist. She used to follow the advice of the specialist.

In some extent, the financial condition hampers for the health service seeking. But for the other family members she used to manage money at any cost for the treatment. There is not any discrimination between male and female for the treatment seeking. Though, it seems that being a mother some psychological impact has been seen for the holding of treatment.

Figure 2

Followed by the Case and Comparision With Pathway Model



Key findings

Case is aware of health illness. There was responds according to the intensity and time duration of the illness. Family members' suggestions are main supportive factors for health service seeking behavior. There is not any practice of the home remedies and ayurvedic medicine or treatment system. Family members also received suggestion from other paramedics of the health personnel for the service seeking. First, contact during the illness is local clinic in low intense and non-emergency condition. Second contact the client follows according to the advice of the clinic personnel or the condition. Hospital and the direct specialist are chosen simultaneously.

Discussion

Health care seeking behavior among women is shaped by a dynamic interaction of personal perceptions, socio-cultural norms, family influence, and health system factors rather than a purely rational and linear decision-making process. Consistent with earlier studies, illness severity and duration emerged as primary activates for seeking formal care, while initial symptom normalization and delayed response reflected gendered response and individual health views (Sen & Östlin, 2008; Kleinman, 1980). Although the respondent resided in an urban setting with relatively stable economic conditions and physical access to services, she repeatedly postponed professional care, echoing evidence that accessibility alone does not guarantee timely utilization (Wang et al., 2015; Shahabuddin, 2019). The leaning to first rely on self-assessment and local clinics supports with studies showing that women often adopt step

by step, informal pathways before engaging referral level facilities, influenced by perceived seriousness of illness and belief in providers (Ziblim et al., 2019; Amoah, 2021).

From a theoretical perspective, the findings challenge the core assumptions of the pathway model, which conceptualizes health-seeking as a rational progression from symptom recognition to treatment (Kanbarkar, 2017). The case illustrates a non-linear and repeated the pathway, where care seeking decisions were repeatedly deferred despite family encouragement and awareness of illness. This supports critiques that the pathway model insufficiently accounts for stigma, gender roles, sensitive labor, and women's autonomy in decision-making (Connell, 1987; Connell & Pearse, 2015). Similarly, findings in mental and reproductive health literature, fear of over-medicalization, normalization of pain, and prioritization of family responsibilities shaped the respondent's behavior more strongly than medical need (Doll et al., 2021; Chughtai et al., 2023). Notably, while financial constraints were not a dominant barrier for this respondent, psychological factors associated with motherhood and self-perceived flexibility contributed to delayed care, highlighting that even economically stable women may experience hidden gendered barriers to timely health service utilization.

Conclusion

The female's health care seeking behavior is a complex and context dependent process shaped by personal experiences, family dynamics, cultural expectations, and health system factors. The findings indicate that female do not always follow the linear pathway assumed in conventional health-seeking models; instead, they often rely on informal care, normalize symptoms, and delay professional treatment even when health services are available. Although family support plays a positive role in encouraging care seeking, women's decisions are strongly influenced by deeply rooted gender norms and personal expectations, particularly during midlife health transitions. These insights highlight the need for gender-sensitive and context-specific adaptations of health-seeking behavior models that better reflect women lived realities. Strengthening community-level counseling, enhancing gender-responsive service delivery, and integrating psychosocial considerations into health system planning are crucial steps toward improving timely and equitable health care utilization among women in Nepal.

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