

Developing a valid tool of treatment seeking behavior survey for Iran

Mohammad Amin Bahrami¹, Omolbanin Atashbahar^{1*}, Marzieh Shokohifar² and Razieh Montazeralfaraj³

1- Department of Healthcare Management, Shahid Saddoughi University of Medical Sciences, Yazd, Iran

2- Department of Epidemiology and Biostatistics, Shahid Saddoughi University of Medical Sciences, Yazd, Iran

3- Hospital Management Research Center, Shahid Saddoughi Hospital, Yazd, Iran

Corresponding author: Omolbanin Atashbahar

ABSTRACT: Background: Care seeking behavior displays the process of the remedial actions that individuals accept to improvement of their perceived disease. The decision making for the treatment seeking is a dynamic and continual process which can be affected with various factors. These factors are divided into internal and external factors. **Methods:** The current research is a qualitative study that was accomplished in four following independent phases: 1. Literature review 2. Interview with the health care experts 3. Process of the Delphi and consensus-building about the primary designed tool 4. Survey of the designed tool stability and validity. In the fourth phase, the content validity of the questionnaire was confirmed by health care experts in the process of the Delphi and its internal consistency was computed using the retest method and the determination of the Intra-class correlation coefficient (ICC). **Results:** Results showed that the values were acceptable (>0.7) for each dimension. Also, confirmatory factor models were used via AMOS software to determine construct validity and fitness of the designed tool; results showed that these criteria including: GFI, AGFI, RMR, IFI, CFI, PRATIO and RMSEA indexes in the default model have acceptable values; these values are as follows: 0.86, 0.83, 0.05, 0.85, 0.84, 0.87, 0.04. **Conclusion:** In conclusion, based on these criteria, the designed questionnaire fitness, construct validity and reliability were suitable. This tool helps us to see various aspects of treatment seeking behavior and have a more comprehensive view about this subject and assists to explore opportunities and barriers for improvement of the treatment seeking behavior in various local societies.

Keywords: Treatment Seeking Behavior, Care Seeking Behavior, Utilization, Consumer Behavior, Consumption Pattern.

INTRODUCTION

The behavior is the internal coordinated responses of individuals and groups to external and internal stimuli that it is changeable(1). The term consumer behavior is defined as the behavior that consumers display in searching for purchasing, using, evaluating and disposing of products and services that they expect will satisfy their needs(2). The utilization of health services can be viewed as a type of individual behavior. In general, the behavioral sciences have attempted to explain individual behavior as a function of characteristics of the individual himself, characteristics of the environment in which he lives, and/or some interaction of these individual and societal forces Moore,(3) .

Care seeking behavior displays the process of the remedial actions that individuals accept to improve their perceived disease(4). The decision making for the treatment seeking is a dynamic and continual process which can be affected with various factors. These factors are divided into internal and external factors(5). and the most important ones are included: range and accessibility to available remedial ways(4), the manner of the health care system organization and its geographical condition, lack of trust in treatment outcomes(6), perceived quality of services, treatment and transportation cost (7), shame(8), fear of treatment, individual expectations, other individuals' recommendation, admission time[5], previous experiments, cultural patterns, level of the individual discomfort

tolerance, individual beliefs and health knowledge, economical and social status, level of education, primary health history, life style(9) and gender(10). Moreover out of pocket by families(11), both unlawful payments without attention to severity of disease and inappropriate relationship among patients and care providers, that it leads to distrust in treatment process, affect the care seeking behavior[12]. Individual decision making manner is another affective factor on it(13).

Active behavior of the health information seeking can increase the knowledge, satisfaction and treatment of ailments as well as it can reduce fear and unreliability (14) Moreover continual improvement in early diagnosis and treatment of disease is necessary for management of diseases(15). And delay in diagnosis and treatment of disease is related to increased disease transmission, morbidity and mortality(16). Also recognition of care seeking behavior mood in each society will help to Optimized allocation and distribution of the health care recourses(17). Also, it will help to better planning for improvement of accessibility, service quality or appropriate management of the consumption flowing(18). Indeed, inappropriate strategy adoption in health sector will lead to reduction in service consumption(19). Moreover continual improvement in early diagnosis and treatment of disease is necessary for management of diseases(15). And delay in diagnosis and treatment of disease is related to increased disease transmission, morbidity and mortality(20). The point of care seeking, affects the treatment, its outcomes(13) and the future course of the disease(21). Active behavior of the health information seeking can increase the knowledge, satisfaction and treatment of ailments as well as it can reduce fear and unreliability [14]. Generally 69 percent of the total costs in health sector are heavily affected by consuming behavior(22). Thereupon the recognition of the effective factors on services consumption is a very important economical sanitarian subject and appropriate conception of the imperative factors on the individuals' use of the health services is important in evaluation of the policies related to accessibility in the health system(19).

As a result, researchers, practitioners, educators, and policymakers regularly confront questions regarding the extent to which people have access to health care, the quality of this care, and the nature of how, where, when, and why people utilize (or do not utilize) existing health care resources. The implications of these more recent initiatives suggest a sustained collaborative effort that spans the health care system, research, business, the media, and participatory community action(23).

Accomplished studies in this subject show that a valid tool for treatment seeking behavior survey is not exist. The most important challenge originates from the lack of the appropriate measurement manners that leads to impossibility of comparison(24). This study was aimed to develop a valid tool for treatment seeking behavior survey.

MATERIALS AND METHODS

The current research is a qualitative study that accomplished in three following independent phase.

Literature review: In the first phase of research, we, systematically reviewed, the library resources, journals and articles related to this subject until definition of care seeking behavior and its related factors obtained. The key words, including treatment seeking behavior, care seeking behavior, consumer behavior and consumption pattern, were searched in data bases of Google scholar, Pubmed, Science direct, emerald and SID.

The second phase: Interview with the health care experts: In this phase, some depth interviews were done with health care experts. The inclusion criteria for interviewee selection included special knowledge, management background in health care, interesting to participating in research and active participating in studying extent. We used semi-structured interviewing technique because that gives enough time and freedom to interviews for expression of their opinions. Also we used strategy of the lower and deeper interview. Indeed, the purposive sampling approach and snowball sampling method were used. In the end of first 2 phases, we summarized the dimensions of treatment seeking behavior and it's affecting factors in a checklist that was used for designing of primary tool questions and consensus-building in Delphi rounds.

Process of the Delphi and consensus-building: In this phase we obtained the consensus of research sample about the concept of treatment seeking behavior and its related factors and questions. Totally, 2 rounds of Delphi were done. In each round, interviewees of 2nd phase, votes to all questions of checklist in 5-points scale. We used mean and SD for definition of consensus or non-consensus.

4. Designed tool stability and validity: Initially, several health care experts reviewed the tool for content validity, and ambiguous questions determined to revised or removed. In last stage prepared questionnaire was filled at three provinces of Iran. Research population was people over 18 years that have experienced a sickness within 3 previous months. In this phase, we used easy and available sampling approach and based on the number of designed tool questions the required sample size calculated 315 (for each question; five people have filled out the questionnaire). Then confirmatory factor model were used to determine construct validity and fitness of designed tool. Also its stability and internal consistency computed by test – retest method and determine of Intra-class correlation coefficient (ICC).

RESULTS AND DISCUSSION

Results

In the first phase of study (literature review) we studied 300 articles including 86 full text and 214 abstracts from them the definitions and affecting factors of treatment seeking behavior were extracted. The all findings of this phase summarized as 68 affecting factors of treatment seeking behavior in a checklist. Then in a focus group with health experts these items were categorized in 5 categories include: psychological (14 items), situational (17 items), socio-cultural-familial (13 items), individual (18 items) and marketing (6 items) factors. Then In the 2nd phase we obtained opinions of 20 experts in the area of health care about Primary tool questions that it written based on prepared checklist and was given to research sample that they scored the questions based on scale LIKERT that score 1 demonstrate the lowest important question and score 5 the most important question. Finally mean and standard deviation of each question computed and questions with mean beyond 4 and standard deviation of lower than 1 confirmed and questions with mean less than 2 and standard deviation more than 1 rejected. Other questions entered to the second rand. In the second round, all question s with mean beyond 4 and standard deviation less than 1 confirmed and question s with mean less than 2 and standard deviation more than 1 rejected. Totally, 62 question s obtained consensus in Delphi rounds. Also we asked panel members to suggest alternative phrasings if they did not agree with the proposed phrasing of the questions. Thereupon its content validity confirmed.

1. Internal Consistency Reliability

Test-retest reliability (stability) was determined by using of intra-class correlation coefficient (ICC) method. For this purpose, the questionnaire filled out by 40 persons considering the two-week recall period. The values were acceptable (>0.7) for each dimension. Values for Treatment seeking behavior, patient previous experience of services consuming, Consumers evaluation from health care providers, individual, Psychology, Socio-cultural and familial, Situational, Marketing are following: 0.81, 0.83, 0.84, 0.79, 0.82, 0.84, 0.83, and 0.84. And overall considering all dimensions result was a very good (0.91).

2. Construct validity

Confirmatory factor analysis used for survey of construct validity via AMOS (Analysis of Moment Structures) software that results showed that these criteria including: GFI (Goodness of Fit Index), AGFI (Adjusted Goodness of Fit Index), RMR (Root Mean Square Residual), IFI (Incremental Fit Index), CFI (Comparative Fit Index), PRATIO (Parsimony Ratio) and RMSEA (Root Mean Square Error of Approximation) indexes in the default model have acceptable values that these values are following: 0.86, 0.83, 0.05, 0.85, 0.84, 0.87, 0.04. So Based on these criteria, designed questionnaire fitness and construct was suitable.

The demographic characteristics of interviewee are shown in the table 1.

Table1. Demographic characteristic of interviewee

Variable		Number	Percent
Gender	Female	8	40%
	Male	12	60%
	Health education	4	20%
	Medical education	3	15%
	Health management	10	50%
Field of study	Health policy	3	15%
	Education	Ph.D	20

The demographic characteristics of samples are presented in the table2:

Table2. Demographic characterizes of studied population

Variable	Classification	Percent
Age	18-24 years	26.2%
	25-34 years	31.8%
	35-44 years	20.6%
	45-54 years	17.8%
	55-64 years	2.3%
	65-74 years	0.9%
Gender	Above 75 years	0.5%
	Female	60.5%
Marital status	Male	39.5%
	Single	25.7%

	Married	71.5%
	Divorced	2.8%
Education	Illiterate	5.1%
	Primary	22.4%
	Diploma	25.2%
	Upper diploma	5.6%
	Bachelor	29.9%
Religion	MA and upper	11.7%
	Shi'a	99.1%
Ethnicity	Non-Shi'a	0.9%
	Persian	99.1%
Income	Afghan	0.5%
	Kurd	0.5%
	Under 5000000Rials	31.1%
	5000000-10000000 Rials	51.2%
Occupation	10000000-20000000 Rials	12.9%
	Upper 20000000 Rials	4.8%
	Employee	27.7%
	Worker	65.6%
	Self employment	21.1%
	Householder	25.8%
	Student	14.6%
	Retired	2.8%
	Others	2.3%
	Family size	2 person
2-4 person		49.3%
4-6 person		26.2%
Upper 6 person		4.6%
Hosing	Landlord	69%
	Lodger	24.4%
	Others	6.6%
Insurer	Uninsured	8%
	Medical services organization	27.7%
	Social security organization	54.5%
	Army insurance	6.6%
Disease condition	Others	3.3%
	Acute	71.5%
	Chronic	28.5%

Table 3. Intra-class correlation coefficient (ICC) for determine of stability

Dimension	Number of question	ICC	95% confidence interval
Treatment seeking behavior	5	0.81	0/78 - /84
health care providers from health care consumers' view points	a)patient previous experience of services consuming	5	0.83 0/81 - /86
	b) Consumers evaluation from health care providers	6	0.84 0/80 - /88
		6	0.79 0/76 - 0/82
Individual Psychology	6	0.82	0/72 - 0/85
Socio-cultural and familial	3	0.84	0/80 - /86
Situational	6	0.83	0/76 - 0/83
Marketing	5	0.84	0/78 - /82
All dimensions	42	0.91	0/76 - /85

Table 4. Models Parameters by using of confirmatory factors Analysis with AMOS (Analysis of Moment Structures)

Model	fit	χ^2	DF	χ^2/DF	GFI	AGFI	RMR	IFI	CFI	PRATIO	RMSEA
Parameters											
Acceptable value			<5		>0.9	and >0.9	and >0.9	and >0.9	and >0.9	and >0.9	and >0.9
Default model		1007.71	1.54	0.86	0.83	0.05	0.85	0.84	0.87	0.04	

Table 5. Designed questionnaire

Demographic information	Age	18-24 years 25-34 years 44-35 years 45-54 years 55-64 years 65-74 years 75 and above years
	Gender	female male
	Marital status	Single Married Divorced
	Education	-----
	Religion	-----
	Ethnicity	-----
	Income	under 500000 Rials 500000-1000000 Rials 1000000-2000000 Rials 2000000 Rials and upper
	Occupation	Employee Worker Self employment householder student retired others
	Family size	2 person 2-4 person 4-6 person Upper 6 person
	Hosing	Landlord Lodger Others
	Insurer	-----
	Disease condition	acute chronic

Treatment seeking behavior	1. Do you have attempted to treat your illness?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, Go to Question 6
	2. How many days after the onset of disease symptoms did you get care from a provider?	The same day <input type="checkbox"/> the next day <input type="checkbox"/> two days later <input type="checkbox"/> 3-7 days <input type="checkbox"/> More than seven days <input type="checkbox"/>
	3. At what stage of your disease have you gone to a provider?	In early stages and onset of symptoms mild <input type="checkbox"/> Incidence of disease and its symptoms <input type="checkbox"/> in serious stage of disease <input type="checkbox"/> General practitioner's office, health center, emergency room <input type="checkbox"/> clinic, private or governmental hospital <input type="checkbox"/> Pharmacy without a prescription but consultation with the pharmacist <input type="checkbox"/> <input type="checkbox"/> Traditional healers, Pharmacy without a prescription and consultation with the pharmacist, I have not referred to any of the above and self-treatment with herbal and chemical medicines in the home <input type="checkbox"/>
	4. Where did you go to treatment in the first step?	
	5. Until what step of treatment have you completed your course of treatment according to provider opinion?	To recover <input type="checkbox"/> to relieve the symptoms <input type="checkbox"/> do not complete my course of treatment <input type="checkbox"/>
	6. Have you ever had experience of care reception from the health care	Yes <input type="checkbox"/> No <input type="checkbox"/> If

health providers health consumers' points	care from care view	a)Patient previous experience of services consuming:	centers? (Clinic, emergency room, doctor's office, hospital, health centers)	no, Go to Question 11
			7. How much was useful the usage of health services for the treatment of your disease in your opinion?	very much <input type="checkbox"/> much <input type="checkbox"/> somewhat <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/>
			8. How satisfied are you with the behavior and accountability of health service providers?	very much <input type="checkbox"/> much <input type="checkbox"/> somewhat <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/>
			9. How much is maintained your dignity and respect, as receiving care from health care providers?	very much <input type="checkbox"/> much <input type="checkbox"/> somewhat <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/>
			10. Have you received your needed care at the right time, when you visited to health care centers?	Always <input type="checkbox"/> Most of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/>
			11. How important are the behaviors of health care providers in your assessment of the services that you received?	very much <input type="checkbox"/> much <input type="checkbox"/> somewhat <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/>
			12. How important are Physical environment of care providers' centers, their Attractiveness and convenience in your assessment of the services that you received?	very much <input type="checkbox"/> much <input type="checkbox"/> somewhat <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/>
	b)Consumers evaluation from health care providers		13. How important is the spent time for receiving health care services in your assessment?	very much <input type="checkbox"/> much <input type="checkbox"/> somewhat <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/>
			14. How important is the cost of health care in your assessment of services that you received?	very much <input type="checkbox"/> much <input type="checkbox"/> somewhat <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/>
			15. How important is the reliability of the health care results in your assessment of services that you received?	very much <input type="checkbox"/> much <input type="checkbox"/> somewhat <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/>
			16. How important is the quality of received services in your assessment from health care providers?	very much <input type="checkbox"/> much <input type="checkbox"/> somewhat <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/>
			17. Did you accept the fact that you're sick, when you see disease symptoms?	Always <input type="checkbox"/> Most of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/>
			18. In your opinion, how much is important your health for the community, your family and friends?	very much <input type="checkbox"/> much <input type="checkbox"/> somewhat <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/>
Psychological factors			19. How much do you value your health and try to keep it?	very much <input type="checkbox"/> much <input type="checkbox"/>

		somewhat <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/> Quite <input type="checkbox"/> Much <input type="checkbox"/> Somewhat <input type="checkbox"/> Low <input type="checkbox"/> none <input type="checkbox"/> Quite <input type="checkbox"/> Much <input type="checkbox"/> Somewhat <input type="checkbox"/> Low <input type="checkbox"/> none <input type="checkbox"/> very much <input type="checkbox"/> much <input type="checkbox"/> somewhat <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/> 3-7 days <input type="checkbox"/> 7-14 days <input type="checkbox"/> 14-21 days <input type="checkbox"/> more than 21 days <input type="checkbox"/> Continuing care needs <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/> Slight <input type="checkbox"/> Average <input type="checkbox"/> Severe <input type="checkbox"/> very much <input type="checkbox"/> much <input type="checkbox"/> somewhat <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/> Excellent <input type="checkbox"/> very good <input type="checkbox"/> good <input type="checkbox"/> average <input type="checkbox"/> weak <input type="checkbox"/> very much <input type="checkbox"/> much <input type="checkbox"/> somewhat <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/> very much <input type="checkbox"/> much <input type="checkbox"/> somewhat <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/> very much <input type="checkbox"/> much <input type="checkbox"/> somewhat <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/> Always <input type="checkbox"/> Most of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> very much <input type="checkbox"/> much <input type="checkbox"/> somewhat <input type="checkbox"/> Low <input type="checkbox"/>
	20. Are you afraid of the treatment consequences or death?	
	21. Did you have any stress about your illness and its treatment in the last three months?	
	22. How much do you feel shame from expression of your disease, talking about it and getting treatment for it?	
Individual factors	23. How long was your treatment period took?	
	24. Did you already have experience of this disease?	
	25. What is your assessment of your disease severity and its symptoms?	
	26. How much information did you have about your disease and needed care before receiving care?	
	27. Are you suffering from a another disease?	
	28. How would you assess the state of your health?	
	29. How much job responsibilities and your family, when you need health care, barriers to care?	
Socio-cultural and familial factors	30. Do you think hiding the disease and tolerance is a desirable feature?	
	31. How much you depend on the others like family members in health care receiving? (Financial dependence, dependence in seeking care and decision making)	
	32. How much your illness and its symptoms prevent you from doing your daily activities? (Walking, dressing, sleeping, eating)	
	33. Can you receive your medications easily and without a prescription?	
	34. How much you worried about your information will be kept confidential in health care centers?	

Situational factors	35. How much close distance influenced in your choice if in last three month went to a health care center?	Very low <input type="checkbox"/> very much <input type="checkbox"/> much <input type="checkbox"/> somewhat <input type="checkbox"/> Low <input type="checkbox"/>
	36. How much cost of care influenced in your choice if in last three month went to a health care center?	Very low <input type="checkbox"/> very much <input type="checkbox"/> much <input type="checkbox"/> somewhat <input type="checkbox"/> Low <input type="checkbox"/>
	37. How much influenced previous experience in your choice if in last three month went to a health care center?	Very low <input type="checkbox"/> very much <input type="checkbox"/> much <input type="checkbox"/> somewhat <input type="checkbox"/> Low <input type="checkbox"/>
Marketing factors	38. Are you able to afford your needed health care?	Very low <input type="checkbox"/> Quite <input type="checkbox"/> Much <input type="checkbox"/> Somewhat <input type="checkbox"/> Low <input type="checkbox"/> none <input type="checkbox"/>
	39. Are you thinking about affording before you get the health care?	Quite <input type="checkbox"/> Much <input type="checkbox"/> Somewhat <input type="checkbox"/> Low <input type="checkbox"/> none <input type="checkbox"/>
	40. How much you influenced by advertising about medications, treatments methods and health care centers in your decision making?	very much <input type="checkbox"/> much <input type="checkbox"/> somewhat <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/>
	41. How much you access to needed information for care receiving (through television, newspapers, magazines, Internet, etc.)?	very much <input type="checkbox"/> much <input type="checkbox"/> somewhat <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/>
	42. Where do you often get your information?	By Newspapers & magazine <input type="checkbox"/> By Radio & TV <input type="checkbox"/> By Intranet <input type="checkbox"/> By Educational classes <input type="checkbox"/> By Friends, colleague and family members <input type="checkbox"/> others <input type="checkbox"/>

Discussion

Treatment seeking behavior is a multidimensional issue in health care that various models offered about effective dimensions and factors on it. Some these models can mention Rosenstock's health belief model, Andersen's health behavior model, and Young's choice-making model. All of these models have been attempted to conceptualize the treatment seeking behavior general dimensions and its affective factors. In spite of it is difficult to identify which determinants are most influential in the decision to utilize health care. Culture, economics, access, perceptions, knowledge, belief in efficacy, age, gender roles, and social roles are all among the extensive list of factors influencing both the choice to seek health care and the assessment of which health care option to utilize for prevention and treatment of illness(25).

We purposed to design a questionnaire of treatment seeking behavior and the effective factors on it for treatment seeking behavior survey. This tool helps to we see various aspects of treatment seeking behavior and have a more comprehensive view about this subject and assists to explore opportunities and barriers for improvement of the treatment seeking behavior in various local societies. It consist of two part including treatment seeking behavior and affective factors on it that the first part has 5 questions about actions to performed by person during the illness. The second part consists of 6 sections including: Individual (6 questions), Psychological(6 questions), and Socio-cultural and familial(3questions), Situational(6 questions), Marketing factors(5 questions), health care providers from health care consumers' view points(11questions including patient previous experience of services consuming 5 questions and Consumers evaluation from health care providers 6 questions).

A questionnaire is the main means of collecting quantitative primary data. A questionnaire enables quantitative data to be collected in a standardized way so that the data are internally consistent and coherent for analysis. Imagine how difficult it would be to analyze the data of a national survey conducted by 40 different interviewers if the questions

had not been asked in a standard way, that is, if the interviewers had asked different questions using different wording and order. A questionnaire ensures standardization and comparability of the data across interviewers, increases speed and accuracy of recording, and facilitates data processing (26). Whereas in implemented studies not used a questionnaire for measurement of treatment seeking behavior and affective factors on it and any study surveyed only some aspects of it. Although the importance of care seeking behavior in health systems, few researchers has been studied the subject and they have not a measurement approach to this subject.

For example in the study of. C. A. Enwuru, data were obtained by interviewing Via structured questionnaires and just considered low levels of the knowledge and awareness that affects the early care seeking behavior(9). In the study of Mckinley S, data were obtained with the Response to Symptoms Questionnaire and from the patients' hospital records and just reported the lower income levels, worried about troubling others, older age, intermittent symptoms, fearing the consequences of care seeking, fewer years of education, a history of hypertension, and embarrassment about care seeking as the affective factors(27). In The study of S.R. Mashreky, interview is used with a structured questionnaire in obtaining the information and indicated that about 60 percent of the parents took their children to unqualified service providers that among of them, urban educated parents in higher income groups were more likely to choose qualified service Providers for their children than rural uneducated parents in lower income groups(28). Also in the study of Jelle Stekelenburg, interview is used, using (semi)-structured questionnaires, and considered Waiting time, older age, sex, distance of the respondents from health providers as factors that lead to individual selection of hospital or traditional healers(29). In the study of Das DK, Information was collected via interview and showed that 84.1% adolescent girls sought for treatment during acute morbidity from of medicine (34%), long distance (24%) and poor quality of treatment (10%) were the main reasons for non-utilization of Government health facilities[30]. In the study of Miteshkumar N. Bhanderi, data was collected on demographics, socioeconomic status, self-reported reproductive morbidity, and treatment-seeking patterns, along with reasons for not utilizing available health services, all using a pretested, structured interview schedule various sources; only 22.7% from Government health facilities. Non- availability 57% of women of these, only one third sought health care. The present study found that a lower sense of need, the cost of care, and societal barriers were the reasons for not seeking care. Providers' poor attitudes, poor quality of services, and long waiting times were found to be the reasons for not utilizing health facilities. The determinants for accessing reproductive health care were resources available at the household level, social factors, the availability of services, and behaviors related to health. Government facilities remained underutilized(31).

CONCLUSION

As regards a comprehensive tool not exist and each of the studies surveyed this subject in some aspects so our designed questionnaire can appropriate tool for survey treatment seeking behavior that is presented in appendix.

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