Original Article

Prevalence and Causes of Delay in Seeking Medical Care Among Al-Madina Population, Saudi Arabia

Anas yousef Alharbi [1], Abdulrahman Sulaiman Alhazmi [1], Maged Abdullah Aljabri [1], Omar mohammed Alawaji [1], Mohammed khaled Almolhis [1]

1.MBBS. Medical intern, College of Medicine, Taibah University, Madina, Saudi Arabia

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Corresponding Author:
Abdulrahman Sulaiman Alhazmi, E-mail: as.alhazmi@hotmail.com.
Phone Number: +966535813655. Postal Address: Madina, Saudi Arabia, Aziziah

Abstract

Background: Delay in seeking medical care has many negative effects on the patient's condition and medical cost, and it reduces the potential benefits of early interventions. Delay in seeking medical care, which is affected by many factors, is a common global problem. This study aimed to study the prevalence and causes of delay in seeking medical care in Al-Madina, Saudi Arabia. **Method:** This research was a cross-sectional study conducted among Al-Madina population using a self-administrated questionnaire which was only administered when the inclusion and exclusion criteria for the study have been met by the participants. The questionnaire collected the demographic characteristics and information about the prevalence and the reasons of delaying in seeking medical care in Al-Madina, Saudi Arabia.

Results: The study included 441 subjects out of which 61.9% were females while 38.1% were males. Seventy-eight and point two percent had university education level. Only 27.4% of participants always seek medical care as soon as they feel they need it. Delayed seeking medical care due to a financial impediment was stated by 26.1% of the subjects. Merely 25.2% had health insurance. The language was the most important criteria when choosing health service providers for 42% of patients. Severe pain forces 40.1% of participants to seek medical care, while moderate pain drives only 4.3% to seek medical care while 58.9% seek medical care when the pain or discomfort increases with time.

Conclusion: There was a high prevalence of delay in seeking medical care among Al-Medina population, Saudi Arabia. Economic factors and lack of health insurance are among the main obstacles in seeking medical care. Acute pain serves as the principal reason in seeking medical care among Al-Madina population.

Key words: Delay, Seeking, Medical, Madina, Saudi Arabia

الملخص

مقدمة: التأخر في طلب الرعاية الصحية له العديد من الآثار السلبية على حالة المريض وتكاليف العلاج وهو ايضاً يقلل من الفوائد المحتملة من التدخل العلاجي المبكر. لاتزال هذه المشكلة شائعة عالميا وهي مشكلة تتأثر بالعديد من العوامل. هذه الدراسة تهدف الى معرفة الأسباب التي تؤدي الى التأخر في طلب الرعاية الصحية ومدى انتشارها في المدينة المنورة، المملكة العربية السعودية.

الطريقة: هذه الدراسة هي دراسة مقطعية تم اجرائها على سكان المدينة المنورة. تم جمع البيانات عن طريق استبيانات ذاتية التعبئة تم ارسالها للمشاركين في الدراسة ممن تنطبق عليهم معايير التضمين والإقصاء. يحتوي الاستبيان على عدة أسئلة تشمل البيانات الديموغرافية بالإضافة الى أسئلة تهدف لمعرفة مدى انتشار هذه المشكلة والأسباب المؤدية اليها.

النتائج: شملت الدراسة ٤٤١ مشارك منهم ٦١,٩٪ أناث و ٣٨,١٪ ذكور. ٢٧,٤٪ من المشاركين يطلبون الرعاية الصحية فور احتياجهم، ٢٦,١٪ من المشاركين لديهم تأخير في طلب الرعاية الصحية لأسباب مادية، ٢٥,٢٪ لديهم تأمين طبي، تمثل اللغة اهم العوامل المؤثرة في اختيار مقدم الرعاية الصحية بنسبة ٤٢٪. الألم الشديد هو من أكثر الأسباب المؤدية لطلب الرعاية الصحية بنسبة ٤٠,١٪ بينما الألم المتوسط هو السبب لدى ٤.٣٪ فقط. ٥٨,٩٪ من المشاركين يطلبون الرعاية الصحية في حال ازدياد شدة الألم مع الوقت.

الخلاصة: تعد نسبة انتشار التأخر في طلب الرعاية الصحية بالمدينة المنورة عالية، الحالة المادية وعدم توفر التأمين الصحي هما السببان الرئيسيان في تأخر طلب الرعاية بينما يعد الألم الحاد والشديد هما السببان الرئيسيان في طلب الرعاية الصحية.

الكلمات المفتاحية: التأخر، طلب الرعاية الصحية، المدينة المنورة، المملكة العربية السعودية

Introduction

The outcome of medical care is based solely on the degree of promtness in seeking for medical care services and a delay in doing this aggravates the state of disease and even less beneficial in achieving a low cost of management. Various research studies have proved that so many reasons are involved as to why patients do not seek medical care early and majority of results showed that a high percentage of people within the entire population delay seeking medical care. A research conducted in Nigeria[1] noticed that the delay in seeking medical care among the educated population was due to several reasons, 175 (49.29%) of participants involved in the study claimed that their first response to illness is to see the doctor immediately, 128 (36.06%) admitted that they will go to a pharmacy to buy drugs while 46 (12.96%) will go to a patent medicine dealer for treatment. Among the participants in the study, very few 6 (1.69%) admitted that they will consult a priest or go to a prayer house while none of them admitted that they would see a native doctor/medicine man. 173(48.73%) opted for self-medication as first line of treatment while 132 (37.18%) preferred to follow treatment for a similar previous complaint. of all those surveyed 45.35% admitted that they always seeking medical care. Among 175 respondents who claimed seeing the doctor immediately they fell sick, almost half of them 45.71% indicated that it took hours to see a doctor in the hospital. These people claimed that it is a contributing factor in delay in seeking medical care. Majority (45.71%) of those who indicated that the delay they experience in seeing the doctor was a contributing factor for delay in seeking medical attention, 42.25% complained of delayed attention in the hospital, 22.82% would rather wait to see how the illness goes while 16.34% reason was cost of treatment and inaccessibility or distance to the nearest doctor (2.25%) respectively. However, 88.45% of all the respondents overwhelmingly admitted that medical facilities in Nigeria were inadequate for medical and health care. In another study aimed to detect the cause of delay in seeking emergency medical care (2), of the surveyed patients who completed the questionnaire, 32.2% reported they delayed seeking medical care and of those who delayed seeking care, the majority (71%) delayed because they thought the problem would go away. Other reasons included not having the time to be seen (7.2%), high cost (5.4%), and inability to get an appointment (4.6%).

Furthermore, a systematic review of the factors associated with delays in medical and psychological help-seeking among men [3] in Japan, Ghana, Australia found four themes: Embarrassment, anxiety, distress, and/or fear related to using health services: This stemmed from unfamiliarity with health services and 'medical culture,' and adherence to ideas about masculinity that imply men are 'weak' for seeking help. Three themes, appearing in multiple papers using various methodologies and samples, were worthy of special attention:

Need for emotional control: Some men

felt that by worrying about their symptoms they were 'losing control' of their emotions and therefore their masculinity; this was particularly relevant to seeking mental health care.

Viewing symptoms as minor and insignificant: This often resulted from men's lack of knowledge about symptoms and low interest in their body and health.

Poor communication/rapport with health professionals: Men were uncomfortable with health professionals who were not polite, rushed without explaining important information, used medical jargon, and lacked sensitivity to their needs.

The objectives of our study were to determine the prevalence and causes of delay in seeking medical care, health insurance state and behaviors related to seeking medical care in Madina, Saudi Arabia.

Material and Method

Data Collection Tool and Method: This was a cross-sectional study which was conducted in Madina between May and August 2018. The study surveyed 441 randomly selected participants over the age of 18 years. All the participants were living in Madina. An electronic and printed questionnaire was used to collect data, in Arabic language. The questionnaire contained questions about patient's socio-demographic characteristics, including race, age, ethnicity, marital status, education, nationality, household income, work status, and insurance status. Patients also were asked about their use of primary care, emergency department services, and hospitals in the previous year. Patients were asked about causes that prevent them from seeking a medical care and they were asked about standards and factors affecting the service provided by the doctor or health center from their perspective. The study included all Madina residents aged more than 18 years without mental disorder. Those excluded are individuals who were not residents in Madina, under the age of 18 years and subjects with mental disorders. The questionnaires were assessed for completeness and accuracy. Only completed questionnaires were analyzed using Statistical Package for Social Sciences (IBM SPSS for Windows, version 24.0). Statistics was used to see the extent and the degrees of delay and to examine the relationship between delay and the related variables included in the questionnaire at a level of significance 5% ($P < 0.05$). Descriptive statistics were calculated and reported as the mean and standard deviation, as well as frequencies, absolute values and percentage.

Ethical considerations: Ethics approval was obtained from the Research Ethics Committee of Taibah University at Madina. All who met the inclusion criteria were invited to participate in the study by the researchers. Informed verbal consent was obtained from all participants and only those who agreed to participate were included. Administered Confidentiality was realized during this study.

Results

Table (1): The Participants Socio-Demographic Data

Age	mean ± SD	28.59.853±	
		Freq. N= 441	Per. 100%
Gender	Male	168	38.1
	Female	273	61.9
Nationality	Saudi	405	91.8
	Non-Saudi	36	8.2
Marital status	Single	247	56.0
	Married	183	41.5
	Divorced	9	2.0
	Widow	2	.5
Education Level	Primary level	5	1.1
	Preparatory level	19	4.3
	Post-secondary diploma	72	16.3
	University level	345	78.2

The Socio-demographic characteristics of the study participants are shown below in Table (1). The mean age of participants is 28.5 years with a standard deviation 9.853 and majority (61.9%) of participants are female with majority (91.8%) been from Saudi Arabia. Majority (56%) of participants were single, and for 78.2% of them, highest level of education was university.

Table (2) Seeking health care as soon as they feel the need

Item	Frequency	%
Never	25	5.7
Sometimes	295	66.9
Always	121	27.4
Total	441	100.0

In Table (2), it is noticed that only 27.4% always seek medical advice when needed while the majority 66.9% sometimes seek medical advice when needed.

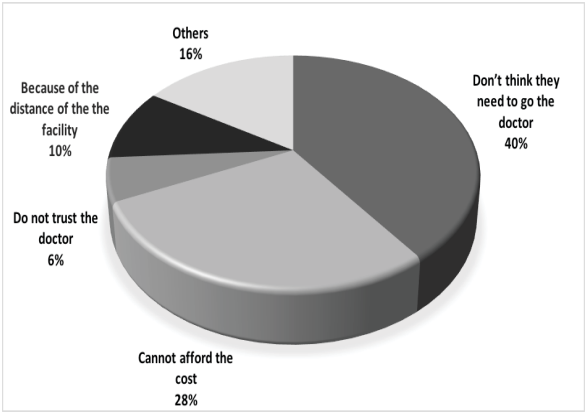


Figure (1): Reasons behind delay in seeking medical care

This Figure (1) shows various reasons behind delay in seeking medical care with the most common reason being that they don't think they needed to seek help first (40%), followed by the inability to afford the cost of medical care (28%). Far distance from the health facility is the cause mentioned by 10% of the sample and lack of trust in doctors was the reason for 6% of participants.

Table (3): Health insurance state and behaviors related to seeking medical care

behaviors related to seeking medical care	Frequency	Percentage
During the last 12 months, Financial impediment prevented participants from visiting the doctor		
Yes	115	26.1
No	295	66.9
Don't know/I'm not sure	32	7.0
Currently have a health insurance		
Yes	111	25.2
No	330	74.8
Type of health insurance		
Government	24	21.6
Private	77	69.4
I don't Know	10	9.0
Visiting a health facility first when having health insurance:		
Yes	91	81.9
No	20	27.3
Seeking medical care while don' have health insurance:		
Yes	240	72.7
No	90	27.3

As shown in table (3), Only 26.1% of the participants needed to visit the doctor during the past year but could not because of a financial impediment. Only 25.2% of the participants have health insurance from which 81.9% visit the doctor or medical center first when needed, on the other hand 72.7% of participants who don't have insurance go to the doctor or medical center first when needed.

Table (4): Health seeking behavior for medical care

behaviors related to seeking medical care	Frequency	Percentage
What participants do first when don't visit a doctor:		
Advice from friends and family	35	38.9
Alternative medicine	17	18.9
Spiritual or religious therapy	6	6.7
Nothing from the previous	21	23.3
Others	11	12.2
Where participants seek help beside medical care		
Advice from friends and family	105	43.8
Alternative medicine	51	21.3
Spiritual or religious therapy	14	5.8
Nothing from the previous	52	21.7
Others	18	0.08
Where participants seek medical advice:		
Pharmacy	75	17.0
Clinic (Private Hospital)	122	27.7
The Hospital	226	52.2
Others	18	0.04
Criteria when choosing health service providers.		
Sex		
I don't Care	301	68.3
Different	35	7.9
Similar	105	23.8
Nationality		
I don't Care	335	76.0
Different	39	8.8
Similar	67	15.2
The Language		
I don't Care	236	53.5
Different	20	4.5
Similar	185	42.0
Religion		
I don't Care	265	60.1
Different	15	3.4
Similar	161	36.5
When participants seek medical care:		
When feeling pain or discomfort immediately.	85	19.3
When pain or discomfort increases with time	260	58.9
Loss of pain or discomfort with time	12	2.7
When new symptoms appear	84	19.0

Table (4) shows the participants' health care seeking behavior. Concerning participants who don't go to the doctor or medical center first when needed, majority (38.9%) first seek advice from friends and family. Majority (51.2%) used to go to the hospital, 23.8% of respondents choose health providers of the same sex and 15.2% of respondents choose health providers of the same nationality. (58.9%) of participants seek medical care when the pain or discomfort increases with time.

Discussion

The present study aimed to examine the delay in seeking medical care, causes and prevalence in Al-Madina, Saudi Arabia. Our study included 441 participants with mean age of 28.5 years. The majority (61.9%) of them were females. The education level of the most of our participants were university level but despite this high level of education our results showed a high prevalence of delay in seeking medical care among participants, as only 27.4 % of them always seek medical care as soon as they feel they need it. This act isn't good for patients' health and patients underestimate their illness severity until it gets worse which is similar to the findings in the study done in Nigeria where it was reported that only half of the educated participants see the doctor immediately when they fall sick. [1]

Also, our study is online with other studies; in one study it was noted that one third of adults only seek medical care when they had deemed necessary. [5] Another study among women with infectious cervical cancer in western Kenya showed that 55% had delayed in seeking medical care [6]. Additionally, one study also found close results among acute coronary syndrome patients where it was recorded that only half of the respondents seek medical care immediately when they fall sick. [4]

Financial barrier at the time participants need to visit the doctor is a reason why a quarter of the participants were prevented from visiting the doctor and closely related when compared to a study done in USA [7] which found that 24.1% avoid medical care due to high cost. Also, another study conducted among breast cancer patients from southern part of Iran [8] found that 16% of the participants reported the high cost of diagnosis and medical care as the main reason for the delaying in seeking healthcare and diagnosis of their disease.

Lack of health insurance is one of the main reasons for delayed treatment. Almost 27% of participants who don't have health insurance don't go to the doctor or the medical center first when needed. This is a significant indicator of the role of health insurance in contributing to medical care. This is consistent with several previous studies which found that lack of health insurance is a major barrier to receiving medical care [7,9-10]. In this study we found that in participants who do not have health insurance, advice from friends and family was the most important source of medical advice. Unsuitable advice may delay individuals seeking medical advice

from competent professionals, which lead to adverse clinical outcomes.

Given this point, it is important that all family members give only accurate information and encourage the patient to seek health advice from a medical professional. Regarding the criteria followed by the participants when choosing health service providers. Language was the most important of these standards and this is expected because the common language is important for the possibility of communication between the doctor and the patient and the description of the situation and treatment plan. Sex also was among the common criteria for choosing health service providers, this may be due to the culture and community constraints of this society. Some tests may also seem embarrassing to some patients and this play a role in delaying seeking medical care. One study confirmed this where it was found that fear of embarrassment during examination play a role in delaying seeking medical care. [11]

It was observed that, most participants in this study would not seek medical care if their pain was acceptable, but if the pain increased, they would go to seek medical care. This is a big mistake because, as we noted previously, many health problems begin with simple or moderate pain, if addressed from the beginning, it will be easy to treat and will not take long treatment time with the patient. But, if the pain increases or other symptoms develop, this indicates that the condition will be worse and the consequences will be greater, harder and treatment will be more expensive. A previous study reported that misunderstanding of the seriousness of the symptoms and signs of diseases could lead to delaying the seeking of medical care after the onset of symptoms has been attributed. [4]

This study showed that among Al Madina population there was a high prevalence of delaying in seeking medical care. Economic factors and lack of health insurance are among the main obstacles in seeking medical care. Therefore, the study recommends conducting awareness campaigns about the importance of seeking medical care when needed without delaying and showing the risks of delaying in seeking medical care and addressing fears of medical care. People are advised that, embarrassment in seeking medical care and subjecting to medical examinations is not related to grace and integrity but can be potentially life-threatening.

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