

**To explore the health information seeking behavior (HISB) and
health care services utilization behavior (HCSUB) of internally
displaced population (IDPS) residing in Lahore**



Submitted By

Farah Zafar

15006171005

**School of Professional Advancement
University of Management and Technology, Lahore
2015 – 2017**

Thesis submitted in partial fulfillment of the requirement for the degree of
MS Project Management at School of Professional Advancement, University
of Management and Technology, Lahore

Submitted by

Farah Zafar

15006171005

Submitted to:

Supervisor

Co-Supervisor

Dr Naveed Yazdani

Mr Talha Zubair

Dated: 21/11/2017

Dated: 21/11/2017



School of Professional Advancement

Abstract

The majority of internally displaced persons (IDPs) spend their greater time in different camps before their arrangements residing in host country. Resource limitations, mental disturbance and stress of leaving their own residence lead to a variety acute communicable and non communicable disease upon their settlement. Many of internally displaced migrants have little awareness about their health. This thesis included a research in which different questionnaires were filled with participants to explore their health seeking behavior and utilization of their health services. A total number of 53 participants were there to filled questionnaires. Filled questionnaires revealed that majority of internally displaced persons do not have regular access of their health services and proper medication for their diseases. The other major issues for IDPs were language and communication barrier at all stages for their health care access. Different cultural beliefs about health seeking behavior and health care access directly affected internally displaced person level of care. These all types of barrier delayed the IDPs health in long term manner. This research study suggests overcoming the delay in health care services access and also facilitating the internally displaced person for existing services.

Acknowledgements

First and foremost, thanks to Allah Almighty for His showers of blessings throughout my research work to complete.

I would like to express my hearties and honest gratitude to my research supervisor, Dr Naveed Yazdani director of School of Professional Advancement (SPA) in University of Management and Technology Lahore, Talha Zubair (SPA) Department , for giving me the opportunity to do research also for support and valuable suggestions with their proper guidance, he taught me the methodology to carry out research and present this research work as clearly as possible, also Ms Aleena Shuja and Dr Murtaza Haider Migration Health Physician, International Organization for Migration Lahore, Pakistan for data collections and laboratory equipment facilitation for data analysis.

I am extremely grateful for my parents and all family members for their love care and support and understanding. Finally my thanks go to all the people who supported me during my research work directly or indirectly.

Table of Contents

1.	Introduction.....	10
	1.1 Problem Identification.....	13
	1.2 Research Question.....	13
	1.3 Objectives Of Study.....	14
2.	Review Of Literature.....	15
	2.1 Conceptual Flowchart.....	20
3.	Methodology.....	23
	3.1 Materials And Methods.....	23
	3.2 Study Design and Timeframe of Population.....	23
	3.3 Unit of Analysis.....	24
	3.4 Inclusion and Exclusion Criteria.....	24
	3.5 Study Settings.....	24
	3.6 Sampling Frame and Size.....	25
	3.7 Sampling Technique.....	25
	3.8 Challenges and Study Limitations.....	26
	3.9 Data Variables.....	27
	3.10 Ethical Considerations.....	28
	3.11 Tools for Data Collection.....	28
	3.12 Procedures of Data Collection.....	31
	3.13 Methods of Data Analysis.....	31
4	Results of Study.....	32
5	Discussions.....	47
6.	Future Recommendations.....	50
	Appendix 1: Informed Consent Form.....	53
	Appendix 2: Questionnaire For Participant.....	56
	References.....	60

Table of Tables

1. Gender * HCSUB Cross tabulation.....	32
2. Chi- Square Test of IDPs HCSUB against Gender	32
3. Level of Education * HCSUB Cross tabulation.....	34
4. Chi- Square Test of IDPs HCSUB against Education.....	35
5. Marital Status * HCSUB Cross tabulation.....	37
6. Chi- Square Test of IDPs HCSUB against Marital Status.....	37
7. Geography * HCSUB Cross tabulation.....	39
8. Chi- Square Test of IDPs HCSUB against Geography.....	39
9. Monthly Income *HCSUB Cross tabulation.....	42
10. Chi- Square Test of IDPs HCSUB against Income.....	42
11. HCV Status* HCSUB Cross tabulation.....	45
12. Chi- Square Test of IDPs HCSUB against HCV Status.....	45
13. Health Information Seeking Behavior * HCSUB Cross Tabulation.....	48
14. Chi- Square Test of IDPs HCSUB against HISB.....	48
15. Medical Consultation Barriers* HCSUB Cross Tabulation.....	51
16. Chi Square test for Medical Consultation.....	51

Table of Figures

1. Conceptual Flowchart of Health Care Services Utilization.....	20
2. Gender Distribution pie-chart.....	32
3. Graphical data of IDPs HCSUB against Gender.....	33
4. Education Level Distribution pie-chart.....	35
5. Graphical data of IDPs HCSUB against Level of Education.....	35
6. Marital Status pie-chart.....	37
7. Graphical data of IDPs HCSUB against Marital Status.....	38
8. Geographical Distribution pie-chart.....	40
9. Graphical data of IDPs HCSUB against Geography.....	41
10. Monthly Income Distribution pie-chart.....	43
11. Graphical data of IDPs HCSUB against Monthly Income.....	44
12. HCV Status Distribution pie-chart.....	46
13. Graphical data of IDPs HCSUB against HCV Status.....	47
14. Distribution based on Media Exposure pie-chart.....	49
15. Graphical data of IDPs HCSUB against Health Information Seeking Behavior.....	50
16. Barriers for medical Consultation pie-chart.....	53
17. Graphical data for Medical Barriers of IDPs.....	53

Acronyms and Abbreviations

IDP: Internally Displace Persons

HCSUB: Health Care Services Utilization Behavior

HSB: Health Seeking Behavior

HISB: Health Information Seeking Behavior

WHO: World Health Organization

HBV: Hepatitis B Virus

HCV: Hepatitis C Virus

HIV: Human Immunodeficiency Virus

UNICEF: United Nations International Children's Emergency Fund

SCT: Social Cognition Theory

HBM: Health Belief Model

1. INTRODUCTION

Watts et al. (2008) stated that societal determinants of health explain the circumstances, in which people are born, cultivate, work according to their age and their authority of physical condition and these conditions are formed by the allocation of funds, supremacy of wealth at small, countrywide and universal levels. Moreover trouble of diseases in low income countries is elevated as compared to developed countries. Musoke et al. (2014) argued the use of health services are determined by the human community of any society. However over the health techniques utilization is very necessary for the human beings that are being migrated due to many different natural and manmade disasters and cultural belief are another important part for their existence, especially the level of education is not enough for the migrated people that help that migrated people to get much information for their health care services utilization behavior. Ocan et al. (2014) showed a study held in Nigeria testimony 57.3 per cent of respondents worn antibacterial medicine i.e antibiotics exclusive of recommendations internally displaced persons having lack of knowledge reveals the use of self medication and consultancy from quacks. Moreover different drugs selected as non-prescription tender patients enhanced access to handling which is of assistance in appropriate supervision of ordinary illnesses. The physical condition structure in North Uganda all through preceding two decades was exaggerated due to armed forces.