HELP SEEKING BEHAVIOUR AMONG LOW SOCIOECONOMIC POPULATION IN PPR SRI PANTAI

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INTRODUCTION

Help-seeking behaviour is defined as any action or inaction taken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy [1]. This cross-sectional study focused on investigating the help seeking behaviour among the lower-income group known as B-40, in PPR Sri Pantai.

Given the high prevalence of mental health disorders [2], this raises the concern regarding the initiative taken by individuals to seek help for mental health purposes. This paper aims to determine the patterns of help-seeking behaviour for emotional problems or suicidal ideation and to correlate the help-seeking behaviour with multiple socio-economic factors, i.e. age, race, sex, marital status, employment status and education level.

METHODOLOGY

STUDY DESIGN
- Cross sectional study
- 107 participants in PPR Sri Pantai
- Sampling method: Purposive, non-probability sampling

POPULATION
- Adults who are aged 18 years and above,
- Residents of PPR Sri Pantai,
- Able to understand Bahasa Malaysia, and able to give their written consent.

STUDY INSTRUMENT
- Validated General Help-Seeking Questionnaire (GHSQ), published by Wilson et al in 2005,
- Used to evaluate the help-seeking behaviour among the study population.

STUDY ANALYSIS
- Data was tabulated in Excel
- Analysed using the SPSS Statistics version 25 software.
- Pearson's Chi-square test was used to compare the data between each socio-demographic factor.

DID YOU KNOW?
If a household brings in a monthly median income of below RM4,850, it is classified under the Bottom 40% (B40) [3]

RESULTS

FOOD FOR THOUGHT

Although our results show some significance in certain demographic factors, it is important to note that they often were not congruent with other larger studies done both locally and overseas. This could be due to the relatively small sample size (n = 107) and only one target urban poor community. It would be beneficial to compare the data between urban and non-urban communities in the future.

Emotional Problems

GENDER	1	2	3	4	5	6	7	8	9	10
Male	88.2%	76.5%	82.4%	82.4%	47.1%	64.7%	88.2%	100%	47.1%	64.7%
Female	60.0%	65.6%	66.7%	68.9%	52.2%	62.2%	74.4%	68.9%	34.4%	43.3%
p-value	0.026	0.379	0.199	0.262	0.696	0.846	0.218	0.007	0.322	0.105
EDUCATION	1	2	3	4	5	6	7	8	9	10
Primary	64.5%	63.6%	90.9%	100%	63.6%	81.8%	81.8%	72.7%	45.5%	45.5%
Secondary	66.3%	66.3%	65.0%	70.0%	48.8%	61.3%	73.8%	75.0%	33.8%	47.5%
Tertiary	62.5%	75.0%	75.0%	56.3%	56.3%	56.3%	87.5%	68.7%	43.7%	43.7%
p-value	0.737	0.764	0.188	0.044	0.596	0.355	0.451	0.871	0.605	0.959
MARITAL STATUS	1	2	3	4	5	6	7	8	9	10
Married	78.1%	65.6%	52.5%	68.8%	53.1%	57.8%	73.4%	78.1%	32.8%	43.7%
Unmarried	44.2%	69.8%	79.1%	74.4%	48.8%	69.8%	81.4%	67.4%	41.9%	51.2%
p-value	0.000	0.654	0.069	0.526	0.664	0.210	0.340	0.218	0.340	0.451

Suicidal ideation

AGE	1	2	3	4	5	6	7	8	9	10
<26 years old	90.0%	90.0%	70.0%	70.0%	50.0%	50.0%	70.0%	50.0%	30.0%	50.0%
26 - 40 years old	66.6%	66.7%	68.6%	54.3%	68.6%	60.0%	68.6%	74.3%	40.0%	40.0%
41 - 55 years old	71.4%	66.7%	69.0%	69.0%	69.0%	57.1%	73.8%	71.4%	47.6%	59.5%
> 55 years old	40.0%	60.0%	50.0%	80.0%	65.0%	70.0%	80.0%	70.0%	20.0%	45.0%
p-value	0.026	0.412	0.459	0.246	0.699	0.708	0.825	0.521	0.194	0.374
MARITAL STATUS	1	2	3	4	5	6	7	8	9	10
Married	75.0%	67.2%	52.5%	52.5%	58.8%	56.3%	73.4%	75.6%	40.6%	51.6%
Unmarried	53.5%	67.4%	69.8%	72.1%	62.8%	65.1%	72.1%	60.5%	34.9%	46.5%
p-value	0.021	0.978	0.438	0.303	0.522	0.359	0.878	0.075	0.549	0.608

Frequency for source of help for emotional problems among respondents of PPR Sri Pantai

*Note: Graph represents the respondents choosing the option of likely and most likely for the choices of help

Frequency for source of help for suicidal thoughts among respondents of PPR Sri Pantai

CONCLUSION AND RECOMMENDATION

It is important to note the overall high level of help seeking which was up to 62% for both emotional problems and suicidal thoughts. However, very few correlations between demographics and the different sources of help were found to be significant. There were also several limitations to the study that made it difficult to generalize the data to the B40 community as a whole. Recommendations include urging the government to promote help-seeking among the B40 community by holding community mental health campaigns or clinics to encourage them to go forward to specialists with their issues and for future studies to take the limitations into account when improving their future research and analysis.

References:

1. Olenja J. Editorial Health seeking behaviour in context. 2004.
2. Ministry of Health Malaysia. Malaysian Mental Healthcare Performance. Putrajaya: Malaysian Healthcare Performance Unit, 2017
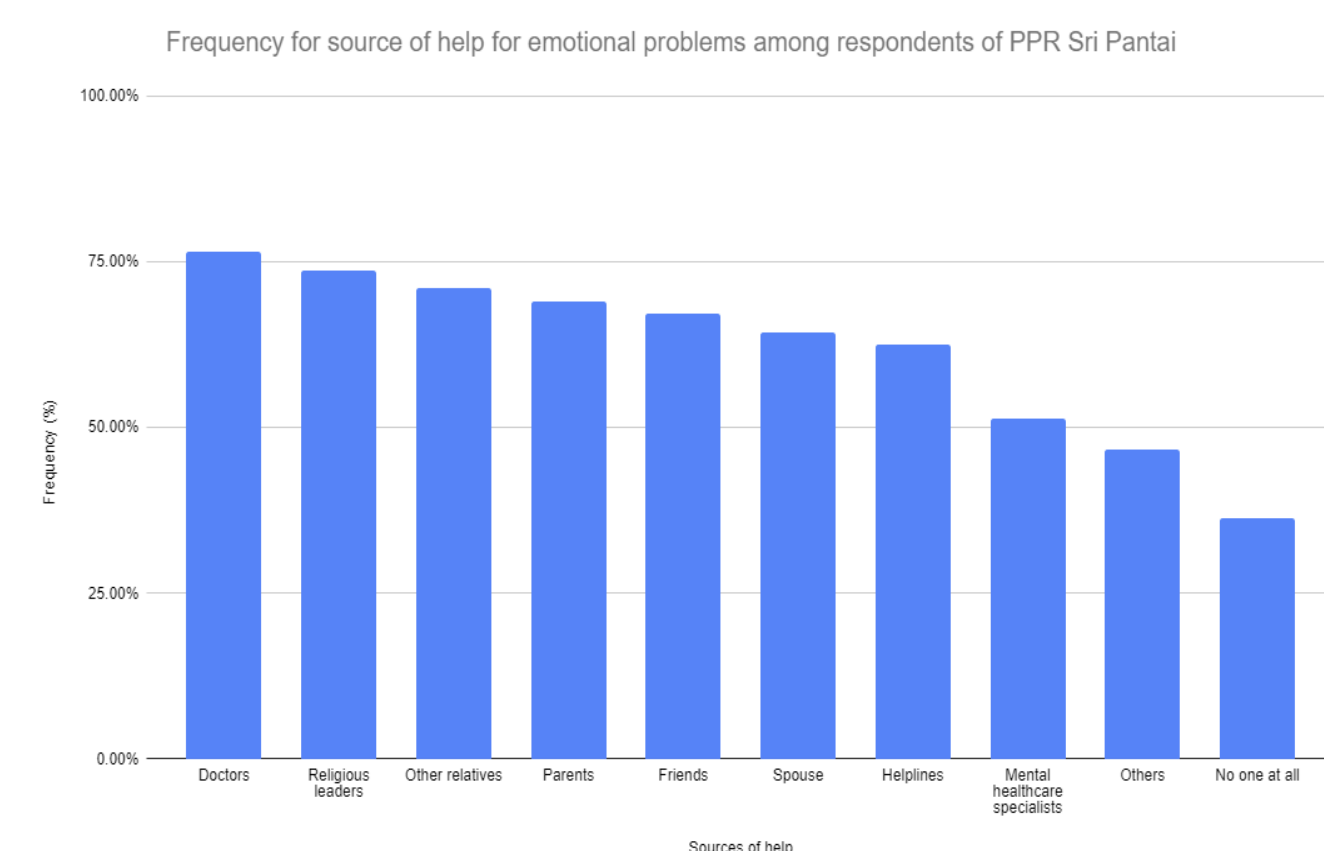3. Uzir Mahidin M. Report of Household Income And Basic Amenities Survey 2016. Department of Statistics Malaysia Official Portal. 2017.