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# HEALTH SEEKING BEHAVIOUR: A CONCEPTUAL FRAMEWORK

**Rupali Mandlik, Dr. Sangeeta Jauhari, Dr. Devendra Vishwakarma**

Research Scholar, Rabindranath Tagore University, Raisen

PRO Vice Chancellor, Rabindranath Tagore University, Raisen

Professor, Radiant Group of Institutions, Jabalpur

***Abstract***

*This research paper presents a comprehensive exploration of health-seeking behavior in Maharashtra State, India, within the broader context of the Sustainable Development Goals (SDGs). The study aims to understand the complex interplay between sociocultural factors, healthcare accessibility, and the pursuit of sustainable development objectives.*

*The research paper embarks on a thorough investigation into the health-seeking behavior within Maharashtra State, India, contextualized within the expansive framework of the Sustainable Development Goals (SDGs). The primary objective of the study is to unravel the intricate interconnections among sociocultural influences, healthcare accessibility, and the overarching pursuit of sustainable development goals.*

*The research employs a comprehensive approach, incorporating both quantitative and qualitative methods to collect data. Surveys, interviews, and focus group discussions are conducted across diverse settings, encompassing urban and rural landscapes within Maharashtra. This methodological diversity facilitates a nuanced analysis of the multifaceted factors shaping health-seeking decisions, taking into account cultural norms, socioeconomic conditions, and regional variations.*

*The core objectives of the study encompass an examination of prevailing health-seeking patterns, the identification of barriers hindering healthcare access, and an evaluation of their impact on the state's progress toward SDG-3, which centers on "Good Health and Well-being." Additionally, the research investigates the role played by awareness campaigns, community engagement initiatives, and existing healthcare policies in shaping the health-seeking behavior of the populace.*

*Preliminary findings highlight a spectrum of factors influencing health-seeking decisions, ranging from entrenched traditional beliefs to economic constraints and disparities in healthcare infrastructure. By anchoring these findings within the broader SDG framework, the paper endeavors to furnish valuable insights for policymakers, healthcare practitioners, and community stakeholders.*

*This research contributes to the existing body of knowledge by providing a holistic understanding of health-seeking dynamics specific to Maharashtra. The implications extend beyond regional boundaries, offering universal lessons and strategies applicable to other areas grappling with aligning health interventions with sustainable development objectives.*

*Ultimately, this descriptive overview underscores the critical importance of tailoring healthcare policies to the unique sociocultural landscape of Maharashtra, thereby advancing the state's progress toward the realization of Sustainable Development Goals.*

***Keywords:*** *Health seeking behaviour, Sustainable development goals*

## INTRODUCTION

The decisions and activities people or communities take to address their health requirements are referred to as health-seeking behavior. These decisions and actions include identifying symptoms, consulting a doctor, following prescribed course of action, and taking preventative measures. It is essential to comprehend these behaviors in order to improve the quality and outcomes of healthcare. A conceptual framework facilitates a methodical comprehension of the variables affecting these actions, the procedures followed, and the results attained. This introduction provides a conceptual framework for health-seeking behavior, outlining its essential elements and their interrelationships.

Philosophically The behaviors associated with seeking health care and health are complex and influenced by a variety of factors, including personal factors, social and cultural context, the health system, economic issues, and environmental factors. Here is the component's specific information:

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**Conceptual Framework Components**

1. Individual Factor

o **Demographic Factors:** Health-seeking behavior can be greatly influenced by age, gender, education, income, and occupation.

o **Health Beliefs and Perceptions:** Individual views toward health and sickness, the perceived seriousness and vulnerability of illnesses, and the degree of health literacy.

o **Psychological factors**: Motivation, self-efficacy, mental health, and prior medical experiences.

2. The Context of Society and Culture

o **Cultural Beliefs and Practices:** The impact of alternative medical systems, cultural norms, and traditional health practices.

o **Family and Social Networks:** The influence of friends, family, and the local community on decision-making and assistance in times of medical emergency.

o **Stigma and Social Norms:** Perceptions of certain illnesses in society and the stigma attached to them (such as mental health disorders and HIV/AIDS).

3. The Health System's Elements

o **Accessibility and Availability:** Operating hours, availability of healthcare services, and geographic proximity to healthcare institutions.

o **Quality of treatment:** Views on the standard of treatment received, encompassing the conduct of medical professionals, facilities, and drug accessibility.

o **Health Policies and Programs:** Public health campaigns, insurance plans, and national and municipal health policies all aim to increase healthcare affordability and accessibility.

4. **Financial Aspects**

o Financial Resources: A person's income, out-of-pocket costs, and health insurance availability.

o **Cost of Healthcare:** The direct and indirect charges, such as consultation fees, prescription costs, and travel costs, related to receiving medical attention.

4. Environmental Aspects

o Physical Environment: Sanitation, living circumstances, and risk exposure to environmental pollutants.

o Health Infrastructure: Communication networks, transportation infrastructure, and healthcare facilities' accessibility

**Obstacles to Efficient Health Care Seeking**

**1. Geographical Barriers:** Treatment may be delayed in remote and rural locations due to a lack of easily accessible healthcare services. One of the biggest obstacles is traveling large distances to healthcare facilities.

**2. Language and Cultural Barriers:** Patients and healthcare professionals may find it difficult to communicate due to India's diverse linguistic and cultural backgrounds. These obstacles may lead to misunderstandings and mistrust, which would impair the efficacy of care.

**3. Myths and disinformation:** People may be discouraged from obtaining the right care due to the widespread myths and disinformation regarding illnesses and therapies. It is imperative to fight false information by distributing trustworthy health information and promoting education.

## LITERATURE REVIEW

Pretorius, C., McCashin, D., & Coyle, D. (2022) carried out a study with the dual goals of (1) methodically identifying the most well-liked mental health providers who might be categorized as "influencers" and (2) figuring out if their information improved mental health literacy. A list of accounts with more than 100,000 followers that are owned by mental health experts was created using the search feature on TikTok and Instagram. Accounts that were not in English, private, had no posts during the last year, or contained content unrelated to the search terms were all excluded. The quantity of followers, the origin nation, the verified status, and the presence or absence of a disclaimer were evaluated for each account.

(Hwee Mian Jane Tan, 2021) recounts how the Singaporean government increased containment efforts from DORSCON Orange to Circuit Breaker as a result of the COVID-19 pandemic, resulting in the introduction of several non-pharmaceutical interventions (NPI). Mandatory mask use, hand washing, social isolation, and closing of businesses and educational institutions are examples of NPI. Given that COVID-19 and other viruses linked to acute respiratory infections (ARI) share a similar mechanism of transmission, NPI's effects may result in a decline in the community's ARI attendance rates. This research seeks to is to ascertain how ARI attendances have changed weekly and year over year in a cluster of polyclinics after NPI was implemented. Three time periods were used to assess the impact of the nationwide measures on the health-seeking behavior of the study population: (1) nine weeks before the Circuit Breaker (also known as the DORSCON Orange phase), (2) eight weeks during the Circuit Breaker, and (3) nine weeks following its relaxing.

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(Parija, Tiwari, Sharma, & Saha, 2020) The intention of the study was to evaluate how participants used digital media as a source of medical information when they were ill, as well as to find out about their experiences and opinions regarding the accuracy and dependability of the material they found. Adults who utilize any kind of digital media were the subjects of a study conducted in a Delhi urban community.

(Magdalena Mattebo 1, 2019) to investigate the opinions of medical professionals regarding the health-seeking behavior of teenage girls in Nepal with regard to their sexual and reproductive rights and health. This study involved twenty healthcare providers who participated in interviews. Ethical authorization has been granted by the Nepal Health Research Council. The primary category, "Barriers affect adolescent girls' health-seeking behavior in relation to their sexual and reproductive health," was further subdivided into five categories: unexplained needs for adolescent-friendly facilities; a conservative society with social stigma; a lack of information, education, and knowledge; a lack of facilities and respectful care; lacking confidentiality and privacy. Adolescent girls' access to sexual and reproductive health care in Nepal is impacted by their lack of information and the unmet demands of adolescent-friendly facilities. It is possible to attribute teenage girls' lack of awareness as a barrier and the reason they do not seek out sexual and reproductive health care.

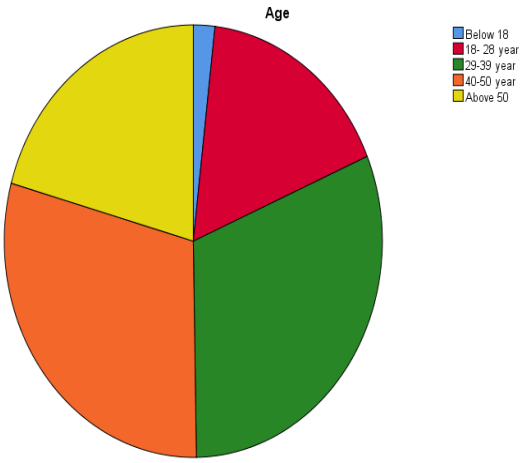
## OBJECTIVES OF THE STUDY

1. To study the scenario of health seeking behaviour in India.
2. Identify key factors that explains the vaccine hesitancy in the study area.

## DATA ANALYSIS AND INTERPRETATION

1. To study the scenario of health seeking behaviour in India.

| Age | | | | | |
|---|---|---|---|---|---|
| | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | Below 18 | 7 | 1.8 | 1.8 | 1.8 |
| | 18- 28 year | 64 | 16.8 | 16.8 | 18.6 |
| | 29-39 year | 119 | 31.2 | 31.2 | 49.7 |
| | 40-50 year | 113 | 29.6 | 29.6 | 79.3 |
| | Above 50 | 79 | 20.7 | 20.7 | 100.0 |
| | Total | 382 | 100.0 | 100.0 | |




**Interpretation: -** The table above shows the respondents' age distribution. According to the results of the observed age groups, it has been suggested that 31.2% of the respondents are under the age group of 29 to 39 years, which is considered to be young age. For this purpose, different age groups of respondents are involved in the survey, which are named as below 18, 18 to 28 years, 29 to 39 years, 40-50 years, and Above 50. The age group of respondents between the ages of 40 to 50 has the second-highest percentage (29.5%), followed by those over 50 (20.7%), between the ages of 18 and 28, (16.8%), and younger respondents (1.8%).

| Education | | | | | |
|---|---|---|---|---|---|
| | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | School going | 7 | 1.8 | 1.8 | 1.8 |
| | Graduate | 134 | 35.1 | 35.1 | 36.9 |
| | Post Graduate | 168 | 44.0 | 44.0 | 80.9 |
| | M.Phil | 26 | 6.8 | 6.8 | 87.7 |
| | PhD | 47 | 12.3 | 12.3 | 100.0 |
| | Total | 382 | 100.0 | 100.0 | |

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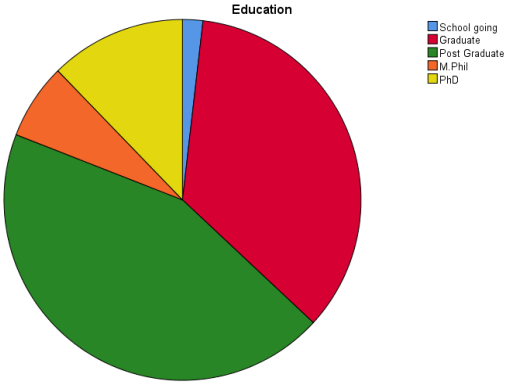
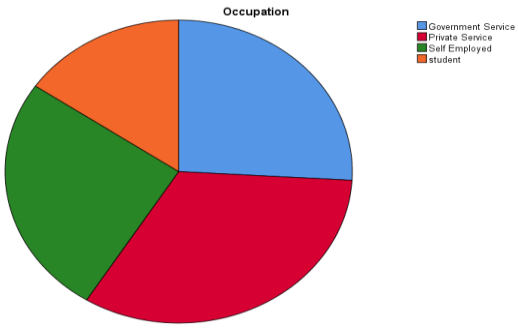


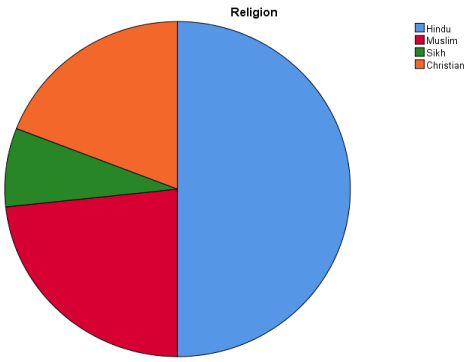

**Interpretation:-** The following distribution has been used to examine the respondents' degree of qualification. As a result, the respondents' data on their educational achievements has been divided into five categories: school-going, graduate, post-graduate, M.Phil., and Ph.D. According to the frequency distribution, the postgraduate level has the highest percentage of respondents (44%), while the graduating level has the second-highest percentage (35.1%). Only 12.3% of respondents are Ph.D.'s, 6.8% are M.Phils, and 1.8% of respondents are in school, which is the lowest proportion.

| **Occupation** | | | | | |
|---|---|---|---|---|---|
| | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | Government Service | 99 | 25.9 | 25.9 | 25.9 |
| | Private Service | 126 | 33.0 | 33.0 | 58.9 |
| | Self Employed | 98 | 25.7 | 25.7 | 84.6 |
| | student | 59 | 15.4 | 15.4 | 100.0 |
| | Total | 382 | 100.0 | 100.0 | |




**Interpretation:-** The occupations of the respondents were shown in the table and graph above. 25.9% of the respondents work for the government, 33.3% for the private sector, and 25.7% are self-employed. Only 15.4% of those surveyed are students.
The respondents from the private sector make up the largest percentage.

| **Religion** | | | | | |
|---|---|---|---|---|---|
| | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | Hindu | 191 | 50.0 | 50.0 | 50.0 |
| | Muslim | 89 | 23.3 | 23.3 | 73.3 |
| | Sikh | 29 | 7.6 | 7.6 | 80.9 |
| | Christian | 73 | 19.1 | 19.1 | 100.0 |
| | Total | 382 | 100.0 | 100.0 | |




**Interpretation:** This reveals the respondents' religious affiliation. In accordance with the data above, 50 percent of respondents identify as Hindu, 23.3% as Muslim, 19.1% as Christian, and 7.6% as Sikh.
Data for each religious group has been collected, but Hindus provided the most responses.

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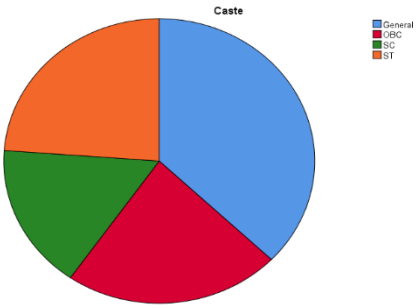
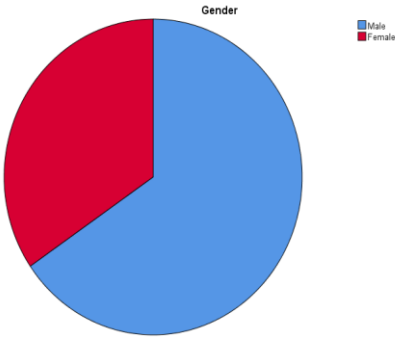
| Caste | | | | | |
|---|---|---|---|---|---|
| | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | General | 142 | 37.2 | 37.2 | 37.2 |
| | OBC | 86 | 22.5 | 22.5 | 59.7 |
| | SC | 63 | 16.5 | 16.5 | 76.2 |
| | ST | 91 | 23.8 | 23.8 | 100.0 |
| | Total | 382 | 100.0 | 100.0 | |



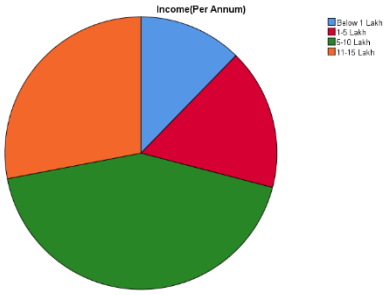

Interpretation:- The data was acquired by the researcher for the study, and the graph above displays the respondents' Caste. responses fall into one of four categories: general (37.2%), ST (23.8%), OBC (22.5%), and SC (16.5%).

| Gender | | | | | |
|---|---|---|---|---|---|
| | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | Male | 250 | 65.4 | 65.4 | 65.4 |
| | Female | 132 | 34.6 | 34.6 | 100.0 |
| | Total | 382 | 100.0 | 100.0 | |




**Interpretation:-** Out of total responses collected 65.4% respondents were identified as Male and 34.6% are the female. As the male respondents are more freely convinced to give the response compare with women. That is why the number of responses in uneven and highest percentage are male.

| Income(Per Annum) | | | | | |
|---|---|---|---|---|---|
| | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | Below 1 Lakh | 47 | 12.3 | 12.3 | 12.3 |
| | 1-5 Lakh | 64 | 16.8 | 16.8 | 29.1 |
| | 5-10 Lakh | 164 | 42.9 | 42.9 | 72.0 |
| | 11-15 Lakh | 107 | 28.0 | 28.0 | 100.0 |
| | Total | 382 | 100.0 | 100.0 | |




**Interpretation:-** The researcher gathered the sample in which the respondents' income was requested. These are at four levels: below 1 lakh, between 1 and 5 lakh, between 5 and 10 lakh, and between 11 and 15 lakh. 42.9% of respondents had incomes between 5 to10 lakh. 28% is the second-highest answer obtained for the range of 11 to 15 lakhs. The response obtained for income between 1 to 5 lakhs is 16.8%, and the response obtained for income below INR 1 lakh is 12.3%.

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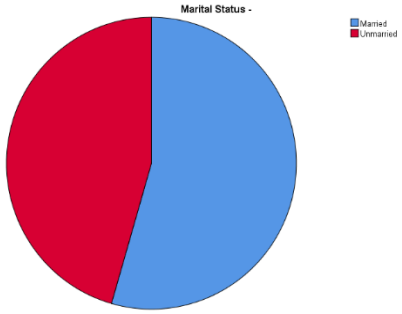
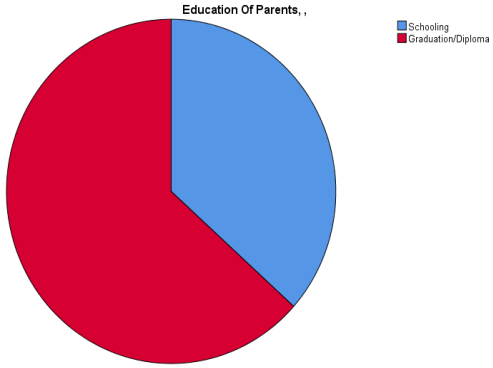
| Marital Status - | | | | | |
|---|---|---|---|---|---|
| | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | Married | 208 | 54.5 | 54.5 | 54.5 |
| | Unmarried | 174 | 45.5 | 45.5 | 100.0 |
| | Total | 382 | 100.0 | 100.0 | |




**Interpretation:-** The respondents' marital status is divided into two categories: married and single. According to the data's distribution, there are more married respondents (=54.5%) than single respondents (=45.5%).

| Education Of Parents, , | | | | | |
|---|---|---|---|---|---|
| | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | Schooling | 140 | 36.6 | 36.6 | 36.6 |
| | Graduation/Diploma | 242 | 63.4 | 63.4 | 100.0 |
| | Total | 382 | 100.0 | 100.0 | |




**Interpretation:-** Schooling and graduation/diploma are the two factors that were used to quantify parents' education. According to the graph above, more parents (63.4%) have completed graduation, and only 36.6% have completed schooling.

2. Identify key factors that explains the vaccine hesitancy in the study area.

**Factor Analysis for Vaccine Hesitancy**

**Table KMO and Bartlett's test**

| KMO and Bartlett's Test | | |
|---|---|---|
| Kaiser-Meyer-Olkin Measure of Sampling Adequacy. | | .771 |
| Bartlett's Test of Sphericity | Approx. Chi-Square | 4078.771 |
| | Df | 21 |
| | Sig. | .000 |

**Interpretation:** The KMO gauges sample adequacy, and it needs to be more than 0.5 in order for a factor analysis to be deemed sufficient. If any pair of variables has a value less than this, think about eliminating one of the variables from the analysis. If the correlation pattern is somewhat compact, as indicated by a value near 1, factor analysis should produce reliable factors. Considering that the KMO measure in the previous table is 0.771, falling within the permitted range, we can say that the factor analysis is suitable for the available information.

**Communalities**

| | Initial | Extraction |
|---|---|---|
| To what extent you think that the vaccine can harm my natural immunity | 1.000 | .927 |

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| | | |
|---|---|---|
| To what extent you think that the health workers giving the vaccine are not appropriate and so you should not get vaccinated | 1.000 | .929 |
| To what extent you think that your religion does not permit you to take the vaccine | 1.000 | .593 |
| To what extent you would not likely to take vaccine unless many others have already taken as I am not sure about it | 1.000 | .989 |
| To what extent you think that the vaccine can cause any immediate or long-term injury | 1.000 | .903 |
| To what extent you think that the fast production of the vaccine did not compromise its safety | 1.000 | .990 |
| To what extent you think that risk of getting sick with COVID-19 is bigger than the risk of side effects from the vaccines | 1.000 | .590 |

Extraction Method: Principal Component Analysis.

**Interpretation:** The results of communalities both before and after extraction are displayed in the above table. The foundation of principal component analysis is the idea that all variance is common, meaning that prior to extraction, all communalities are 1. The common variance in the data is reflected in the communalities in the extraction column. For instance, we can state that factor 6 accounts for 99% of the variance, factor 7 accounts for 59% of the variance, and so forth.

**Total Variance Explained**

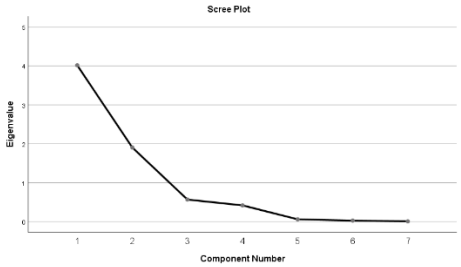
| | Initial Eigenvalues | | | Extraction Sums of Squared Loadings | | |
|---|---|---|---|---|---|---|
| Component | Total | % of Variance | Cumulative % | Total | % of Variance | Cumulative % |
| 1 | 4.017 | 57.389 | 57.389 | 4.017 | 57.389 | 57.389 |
| 2 | 1.904 | 27.204 | 84.593 | 1.904 | 27.204 | 84.593 |
| 3 | .567 | 8.104 | 92.697 | | | |
| 4 | .418 | 5.970 | 98.667 | | | |
| 5 | .060 | .854 | 99.521 | | | |
| 6 | .026 | .377 | 99.898 | | | |
| 7 | .007 | .102 | 100.000 | | | |

**Total Variance Explained**

| Component | Rotation Sums of Squared Loadings | | |
|---|---|---|---|
| | Total | % of Variance | Cumulative % |
| 1 | 3.877 | 55.389 | 55.389 |
| 2 | 2.044 | 29.203 | 84.593 |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |

Extraction Method: Principal Component Analysis.

**Interpretation:** All that that could be taken out of the analysis is listed in the next item, including the eigenvalues of each component, the percentage of variation that can be attributed to it, and the cumulative variance of the factor and the factors that came before it. You'll notice that the first factor explains 51.389% of the variance and the second is with 27.204% of variance. These two factors show a significant amount of variance, while the subsequent factors only shed light on it.



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**Interpretation:** The point of inflexion on the curve is indicated by a thunderbolt in the scree plot displayed above. Following the second factor, the curve starts its tail. The number of factors to keep is determined in part by this scree plot.

| **Component Matrix[a]** | | |
|---|---|---|
| | Component | |
| | 1 | 2 |
| To what extent you think that the vaccine can harm my natural immunity | .937 | |
| To what extent you think that the health workers giving the vaccine are not appropriate and so you should not get vaccinated | .936 | |
| To what extent you think that the vaccine can cause any immediate or long-term injury | .927 | |
| To what extent you think that your religion does not permit you to take the vaccine | .767 | |
| To what extent you think that risk of getting sick with COVID-19 is bigger than the risk of side effects from the vaccines | -.763 | |
| To what extent you would not likely to take vaccine unless many others have already taken as I am not sure about it | | .934 |
| To what extent you think that the fast production of the vaccine did not compromise its safety | | .934 |

Extraction Method: Principal Component Analysis.[a]
a. 4 components extracted.

**Interpretation:** The loadings of every variable onto every factor are contained in this matrix. The loadings of the 7 variables on the two extracted factors are displayed in the above table. The factor contributes more to the variable the higher its absolute loading value. It is easier to read the table because loadings smaller than 0.5 are represented by the gap on it. All loadings smaller than 0.5 can be suppressed.

| **Rotated Component Matrix[a]** | | |
|---|---|---|
| | Component | |
| | 1 | 2 |
| To what extent you think that the health workers giving the vaccine are not appropriate and so you should not get vaccinated | .963 | |
| To what extent you think that the vaccine can harm my natural immunity | .963 | |
| To what extent you think that the vaccine can cause any immediate or long-term injury | .950 | |
| To what extent you think that risk of getting sick with COVID-19 is bigger than the risk of side effects from the vaccines | -.761 | |
| To what extent you think that your religion does not permit you to take the vaccine | .725 | |
| To what extent you think that the fast production of the vaccine did not compromise its safety | | .991 |
| To what extent you would not likely to take vaccine unless many others have already taken as I am not sure about it | | .990 |

Extraction Method: Principal Component Analysis.
Rotation Method: Varimax with Kaiser Normalization.[a]
a. Rotation converged in 6 iterations.

**Interpretation:** The purpose of rotation is to minimize the number of factors on which the variables under study have substantial loadings. Rotation essentially has no effect on the analysis, although it facilitates its interpretation. Rotation aside, we see that the first element denotes "harmful effects of vaccines," whereas the second denotes "uncertainty about vaccine use." These components can be used as variables in further studies.

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## CONCLUSION

Our goal was to understand the health-seeking behaviour situation in the study area, which would help us explain in our analysis the respondents' geographic status in terms of age, gender, income, and level of education. The age range of 29 to 39 is the most active in this. Additionally, their post-graduation certification demonstrates the respondents' comprehension ability. According to the survey, men are more likely than women to actively seek health care. They are combating the health challenges head-on. The researcher's second goal is to identify the primary cause of vaccine hesitation, which is vaccine uncertainty and its negative effects. These are the two primary causes of vaccine hesitancy. Significantly, the study satisfies every goal.

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