STIGMA AND HEALTH SEEKING BEHAVIOR: A STUDY AMONG YOUNG ADULTS

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(2022-2024)

CERTIFICATE

This is to certify that this dissertation titled "**STIGMA AND HEALTH SEEKING BEHAVIOR: A STUDY AMONG YOUNG ADULTS**" is a record of genuine and original work done by BINEESHA BABJI, REG NO: 220011000177 of IVTH semester Masters of Social Work course of this college under my guidance and supervision and it is hereby approved for submission.

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DECLARATION

I, BINEESHA BABJI hereby declare that the research work titled " STIGMA AND HEALTH SEEKING BEHAVIOR: A STUDY AMONG YOUNG ADULTS" submitted to the M G University, Kottayam, is a record of genuine and original work done by me under the guidance of , Simmy Xavier, Assistant professor, Bharata Mata School of Social Work, Thrikkakara, and this research work is submitted in the partial fulfillment of the requirements for the award of the degree of Master of Social Work specializing in Medical and psychiatric social work.

I hereby declare that the results embedded in this research have not been submitted to any other University or Institute for the award of any degree or diploma, to the best of my knowledge and belief.

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ABSTRACT

Stigmatized wellness poses significant barriers to optimal health-seeking behaviors among young adults, influenced by societal attitudes and perceptions towards specific health conditions. This quantitative study employs a multi-method approach to explore the complex interplay between societal stigma and health-seeking behaviors among a diverse cohort of young adults.

The research methodology involves a comprehensive quantitative survey integrating established scales and measures related to stigma, mental health, and healthcare utilization. Findings reveal prevalent societal stigma towards individuals with health issues, with a notable proportion of respondents reporting experiences of discrimination and negative treatment. Despite these challenges, respondents generally perceive support from social networks, although concerns about mistreatment in healthcare settings contribute to delayed health-seeking behaviors.

Key findings highlight the influence of demographic factors such as age, gender, education, and income on health perceptions and behaviors. Notably, the study underscores the role of interpersonal relationships and cultural beliefs in shaping health-seeking decisions among young adults facing stigmatized wellness issues.

Implications for professional social work practice are significant, emphasizing the need for targeted stigma reduction interventions, culturally competent care, and advocacy for affordable healthcare access. Social workers play a critical role in promoting digital health literacy and enhancing patient-provider communication to address barriers to health-seeking behaviors.

The study contributes valuable insights to inform interventions and policies aimed at destigmatizing wellness, fostering resilience, and improving overall public health outcomes among young adults.

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CHAPTER 1

INTRODUCTION

INTRODUCTION

In the current healthcare environment, study on the complex relationship between stigma and the behavior of seeking healthcare is essential, particularly when it comes to young adults. The views of individuals on health-related issues are shaped by the relationship of the process of personal development, which is characterized by significant transformations and identity formation, with society norms and beliefs. Deeply rooted in social structures and cultural norms, stigma often presents a serious barrier that makes it harder for young adults to receive healthcare services and increases health disparities. (Smith & Johnson, 2021).

In order to gain insight into the complicated factors that underlie young adults' health-related decision-making processes, this research study's primary emphasis is on the study of stigma and health-seeking behavior. Through an examination of the sociodemographic traits, stigma, wellbeing, and health-seeking behaviors of these individuals, this study tries to offer multifaceted insights into the factors affecting their health outcomes and experiences. (Smith & Johnson, 2021).

1.1 History of Stigma and Health Seeking Behavior

The evolution of stigma in health-seeking behaviors has been closely linked to cultural views about health and well-being, attitudes towards disease in society, and views of deviance (Smith & Johnson, 2020). Stigma has a long and complicated history that has changed throughout time. It is described as the process of discrediting or devaluing someone based on perceived differences or deviations from society norms. The complex problem of stigma associated with health-seeking behaviors has its roots in societal, historical, and cultural contexts. It includes the act of discounting or disparaging somebody because of perceived inconsistencies or departures from social norms.

This phenomenon has changed throughout time and is impacted by a number of variables, such as cultural views on health and well-being, attitudes towards sickness, and perceptions of deviance. Perceptions of stigma have been greatly influenced by cultural views towards disease throughout history. People who are sick are stigmatized because disease is often seen as a moral shortcoming or a sign of weakness in many cultures. For instance, in ancient Greece, people who were ill or crippled were shunned because they believed that their ailments were a result of divine retribution. Similar to this, in mediaeval Europe, those with certain diseases, like leprosy, were stigmatized since they believed that their ailment was caused by sin. (Smith & Johnson, 2020)

The stigma associated with seeking medical attention is also influenced by cultural conceptions of health and wellbeing. Certain diseases or health issues may have strong taboos in particular cultures, which causes the stigmatization of those who are afflicted. For instance, false beliefs about the disease's mode of transmission and fear of infection are the reasons behind the stigma associated with HIV/AIDS in many societies. (Garcia & Martinez, 2017)

Historical developments and social movements can also be used to trace the emergence of stigma in health-seeking behaviors. For instance, stigma and discrimination against people living with HIV/AIDS were major public health concerns during the 1980s AIDS epidemic. Advocating for the rights of those impacted by the disease and combating stigma were the goals of activist movements like ACT UP. Comparably, the deinstitutionalization of mental health services in the middle of the 20th century sparked initiatives to foster greater acceptance and understanding as well as a greater awareness of the stigma associated with mental illness. (Smith & Johnson, 2019)

The complicated problem of stigma associated with health-seeking behaviors is greatly influenced by social, cultural, and historical variables. It reflects cultural ideas about health and well-being, attitudes towards illness, and views of deviance. Addressing the obstacles stigma creates to receiving treatment and fostering a broader acceptance and understanding of those who are impacted by sickness require an understanding of the origins of stigma and how it has changed throughout time. (Garcia & Martinez, 2020)

In the past, diseases were frequently ascribed to demonic forces, punishment from God, or moral shortcomings. People with illnesses of the body or mind were feared and looked down upon because they were thought to be cursed by the gods or to be under the influence of bad spirits. As a result, getting medical attention was frequently frowned upon since it was interpreted as a sign of weakness or moral failings. (Smith & Johnson, 2017)

Similar beliefs applied to illnesses in Mesopotamia, where they were commonly seen as demonic possession or as divine punishment. Assyrians, Babylonians, and Sumerians all thought that evil spirits or enraged gods were responsible for illnesses. Rituals, prayers, and offerings were frequently used in treatments with the goal of placating the gods and driving out evil spirits. (Rutherford2013)

Illness was closely associated with natural and supernatural causes in ancient Greece and Rome. It was widely believed to be a heavenly retribution for wrongdoings or crimes against the gods. Even while authorities such as Hippocrates tried to explain illness in terms of natural laws, spiritual and religious beliefs persisted in shaping ideas about health and illness. References to paranormal explanations of illness can also be found in the Hippocratic Corpus, demonstrating the durability of these beliefs. (Porter, 1999)

Taoist and Confucian theories, which stressed the equilibrium of life energy, or qi, within the body, helped explain sickness in ancient China. Qi imbalances were believed to be caused by bad morals, bad surroundings, or evil spirits. Through techniques like qigong, herbal medicines, and acupuncture, traditional Chinese medicine sought to restore balance and harmony. (Unschuld, 1986)

A change in views regarding disease and treatment occurred in Europe during the middle Ages as a result of the establishment of medical institutions and the professionalization of healthcare. But stigma around some ailments remained, especially those linked to moral reproaches or contagiousness. Leprosy, TB, and venereal diseases were among the highly stigmatized conditions that caused social exclusion and prejudice towards individuals who suffered from them. (Jones & Smith, 2020)

Consumption or the "white plague," as tuberculosis was also sometimes referred to, was a serious social shame because it was linked to mortality and wasting away. People who had tuberculosis were often afraid of them and avoided them because they thought they were weak and infectious. The pain of persons afflicted with the illness may worsen as a result of social exclusion and prejudice brought on by this stigma. (Bynum, 2010)

During the middle Ages, venereal diseases like syphilis were also heavily stigmatized. When syphilis first became a significant epidemic in Europe in the late 15th century, it was frequently linked to promiscuity and moral judgement. Patients with syphilis experienced not only physical agony but also prejudice and social disapproval. The stigma associated with sexually transmitted illnesses exacerbated feelings of shame and concealment, impeding attempts to get help and treatment. (Marr, 2007)

As part of the process of cultural assimilation and control throughout the colonial era, Western medical techniques were frequently introduced to colonized nations. Many facets of life, including mental and reproductive health, have become medicalized as a result of this development. Colonial rulers pushed Western medical practices—which prioritized scientific knowledge and standardized treatments—on indigenous communities because they believed them to be superior. Due to their perceived primitivism, these impositions frequently resulted in the stigmatization of regional customs and traditional treatment methods. (Garcia & Martinez, 2016)

An illustration of this tendency can be observed in the development of psychiatry during colonial times. Traditional methods of treating mental health disorders were frequently replaced or marginalized when Western psychiatric concepts and therapies were introduced into colonized territories. For example, spiritual beliefs and social networks played a crucial role in the cure of mental illness in many African and Asian colonized countries. The stigmatization of indigenous healing traditions resulted from colonial authorities' frequent rejection or condemnation of these treatments in favor of Western psychiatric techniques. (Jones & Smith, 2017)

In addition, the stigma against indigenous peoples was made worse by the connection between certain diseases and colonization. European settlers frequently carried diseases like smallpox, cholera, and malaria to newly colonized areas, which caused catastrophic outbreaks among native populations. Not only might these illnesses cause physical harm, but they were also stigmatized in society and culture. Indigenous peoples were marginalized in colonial countries and preconceptions of their inferiority were strengthened by the frequent blame placed on them for the spread of these diseases. (Garcia & Martinez, 2018)

Significant progress was made in public health during the 20th century, leading to the creation of vaccinations, antibiotics, and better sanitation techniques that completely changed the way disease was controlled. Immunizations, like the polio vaccine that Jonas Salk created in 1955, were essential in the eradication of diseases that had previously been fatal. Similar to this, Alexander Fleming's 1928 discovery of antibiotics like penicillin revolutionized the way bacterial infections were treated and saved many lives. These developments improved millions of people's lives globally by increasing life expectancy and improving quality of life. (Jones & Smith, 2021)

Public health initiatives were hampered by enduring stigma despite these advances, which disproportionately affected marginalized groups like members of racial minorities, LGBTQ+ people, and HIV/AIDS patients. Deeply ingrained bias, discrimination, and stigma exacerbated health inequities by preventing people from accessing healthcare. Because of past injustices and ongoing inequality within healthcare systems, racial minorities faced systemic impediments to accessing healthcare. (Garcia & Martinez, 2022)

The devastating impacts of stigma on public health are eloquently demonstrated by the HIV/AIDS epidemic of the late 20th century. HIV/AIDS was first referred to as a "gay disease" since it was more common in gay males. This led to stigma, prejudice, and fear. Misinformation and moral judgements on drug use and sexual behavior further exacerbated stigma, which made affected people feel marginalized and made it more difficult to stop the spread of the disease and give them the care they needed. (Jones & Smith, 2024)

Affected communities' and their allies' lobbying work was essential in influencing public opinion and enacting legislative changes in the face of pervasive stigma. The rights of persons living with HIV/AIDS have been fiercely defended by groups like ACT UP (AIDS Coalition to Unleash Power), which has worked diligently to remove stigma and discrimination around the illness and demand access to life-saving medications. (Garcia & Martinez, 2023)

Even while public health made tremendous strides in the 20th century, ongoing stigma continued to be a major obstacle to equal health outcomes and access to care, especially for marginalized communities. In order to promote health and well-being for everyone, it is critical to address social attitudes and systemic disparities, as the HIV/AIDS epidemic serves as a sobering reminder of the damaging effects of stigma on public health.

In today's society, stigma is still a powerful obstacle that has a substantial impact on health-seeking behaviors in a variety of contexts. People who struggle with stigmatized conditions including mental illness, substance misuse, and obesity face ingrained societal attitudes that intensify emotions of guilt, shame, and fear of being shunned by society. This stigma hinders people's willingness to be transparent about their health status and discourages them from obtaining prompt medical attention. For example, research by Corrigan and Watson (2002) highlights how people who have distressing symptoms but are afraid of being stigmatized and labelled as mentally ill may not acknowledge their troubles and seek psychiatric therapy. (Corrigan & Watson, 2002)

The consequences of stigma go beyond a person's unwillingness to seek help and include disregarding advice from medical professionals. People who deal with stigmatized health disorders frequently absorb preconceptions from society, which lowers their self-esteem and makes them feel unworthy. As a result, following treatment plans may be difficult due to internalized stigma. Research has indicated that people with stigmatized illnesses like HIV/AIDS have difficulty sticking to antiretroviral therapy because they are afraid of being revealed and the social fallout that could follow (Earnshaw et al., 2013). Such resistance to following medical advice jeopardizes not only the health results of the person but also helps stigmatizing views in society to persist. (Earnshaw et al., 2013)

The widespread stigma associated with diseases like substance misuse and obesity also feeds cycles of denial and concealment, which worsens the negative effects on health. Addicts who struggle with drug misuse disorders frequently encounter judgmental attitudes that portray addiction as a moral failing instead of a complicated medical illness that necessitates extensive therapy. As a result, a lot of people could decide to hide their drug addiction issues out of concern for social rejection and potential career consequences (Room et al., 2005). Similar to this, those who struggle with obesity face pervasive prejudices from society that associate being overweight with weakness and inability to control oneself. These stigmatizing beliefs impede attempts to address the underlying health conditions that contribute to obesity in addition to deterring people from seeking help for weight management. (Room et al., 2005; Puhl & Heuer, 2009)

To effectively tackle the widespread influence of stigma on health-seeking behaviors, it is crucial to implement comprehensive strategies that include advocacy, education, and DE stigmatization initiatives. Through dispelling myths and cultivating compassion, interventions can assist in establishing safe spaces that encourage candid conversations and disclosure. Furthermore, healthcare professionals are essential in reducing stigma because they uphold individuals' autonomy and dignity while fostering nonjudgmental attitudes and culturally sensitive care. It is feasible to eliminate the obstacles caused by stigma and promote inclusive healthcare systems that give equal access to care for all people, regardless of their health state, by working together at the institutional and societal levels. (Earnshaw & Chaudoir, 2020)

A multidisciplinary approach utilizing theoretical frameworks from social psychology and sociology is necessary to comprehend stigma and its effects on health outcomes among young adults. Fundamentally, stigma, according to sociologist Erving Goffman, is the process through which people lose their credibility or value because they are thought to have deviated from society norms. A vast array of characteristics, such as actions, physical characteristics, and medical issues, might be included in these standards. The groundwork for comprehending how stigma functions at the human and societal levels, influencing relationships and opportunities for those impacted, was established by Goffman's groundbreaking research. (Goffman, 1963)

Stigma in the context of health can take many different forms, including unfavorable attitudes, preconceived notions, and stereotypes connected to certain medical disorders. In addition to mental health conditions and stigmatized behaviors like substance addiction and HIV/AIDS, this also encompasses physical ailments like obesity and obvious disability. These stigmas can exacerbate health inequalities among impacted populations by causing prejudice, social isolation, and obstacles to receiving healthcare. (Hatzenbuehler et al., 2013)

Social psychology provides an understanding of the mental processes that underlie stigma, particularly the ways in which stereotypes are created and maintained. Susan Fiske and colleagues introduced the stereotype content model, which contends that judgements of competence and friendliness influence stereotypes. Health issues that are seen as manageable or a sign of personal accountability, like alcohol misuse or STDs, may generate more unfavorable attitudes since they are seen as lacking in warmth and competence. By further marginalizing those who are impacted by these conditions, these unfavorable preconceptions can help to maintain stigma. (Fiske et al., 2002)

From a sociological perspective, stigma and its effects on health are shaped by power relations and social institutions. The interconnectedness of social identities and oppressive situations is highlighted by Kimberlé Crenshaw's intersectionality theory. Due to intersecting stigmas related to race, gender, sexual orientation, and socioeconomic position, young adults may find it more difficult to access resources and navigate healthcare systems. (Crenshaw, 1989)

Studies on the relationship between stigma and young adults' health outcomes have shown how stigma has a significant negative influence on both mental and physical health. People who are stigmatized may become more stressed out, feel more alone in their social circles, and avoid using medical facilities, which might postpone obtaining treatment and have a negative impact on their health. For instance, research indicates that the stigma associated with mental health illnesses may discourage young adults from getting treatment, which may lead to untreated problems and a higher risk of suicide. (Earnshaw et al., 2020)

Comprehensive approaches are needed to address stigma on an individual, interpersonal, and societal level. Interventions to lessen stigma could include promoting empathy and understanding, fighting for laws that defend the rights of marginalized groups, and educating the public about stereotypes. Creating supportive surroundings and making healthcare services easily available are also critical to reducing the detrimental effects of stigma on the health and wellbeing of young adults. (Corrigan & Rao, 2012)

Comprehending stigma and its consequences for health outcomes in young people necessitates a multifaceted strategy that incorporates knowledge from sociology and social psychology. We may endeavor to create a more inclusive and equitable healthcare system for all people, regardless of their health problems or identities, by tackling the root causes of stigma and putting targeted interventions into place.

1.2 Young Adulthood: A Developmental Perspective

The age known as "young adulthood," which spans from late adolescence to the early thirties, is a crucial time for identity building, exploration, and significant life changes. As people struggle with problems of who they are and what they want to become, Erik Erikson's psychosocial theory highlights the significance of this period in the construction of identity (Erikson, 1968). During this stage, young adults experience a greater feeling of self-awareness and autonomy as they work to differentiate themselves from their family of origin and claim their uniqueness (Arnett, 2000).

The formation of close connections is a key component of the developmental responsibilities of young adulthood. Erikson (1968) asserts that a major obstacle during this stage is effectively navigating the tension between intimacy and seclusion. Establishing significant relationships with peers, love partners, and ultimately life partners is essential for achieving emotional satisfaction and overall wellbeing (Collins & Van Dulmen, 2006). These connections provide people with companionship, support, and opportunities for personal development, which helps them to better understand who they are and where they fit in the world.

Young adults' job and educational goals can have a significant impact on how their lives unfold. Making decisions regarding further education, vocational training, and career pathways is frequently a part of the transition from youth to adulthood (Arnett, 2000). These decisions affect not only social standing and financial security but also a person's sense of fulfilment and purpose (Schulenberg et al., 2004). It can be difficult to navigate the complex educational and professional landscape, though; it calls for adaptability, resilience, and a willingness to consider other possibilities.

Young adulthood is marked by psychological difficulties as well as health-related changes that have a big influence on people's attitudes, beliefs, and behaviors towards their health and well-being. Health-related behaviors, including food, exercise, substance use, and sexual activity, vary during this time (Harris et al., 2009). A crucial window of opportunity for creating healthy lifestyle habits and averting chronic diseases is represented by emerging adulthood (Laska et al., 2012). But when young adults experiment with their newfound freedoms and deal with peer pressure, it's also a time when risk-taking behavior is more prevalent (Arnett, 2005).

Young adulthood also marks a shift in healthcare use as people move from the pediatric to the adult healthcare systems (Sawyer et al., 2018). There are difficulties with this shift in terms of patient autonomy, service accessibility, and continuity of treatment (Lotstein et al., 2013). To preserve one's physical and mental health and delay the onset of chronic illnesses, it is crucial to navigate the healthcare system effectively during this time (Arnett, 2005).

In summary, young adulthood is a dynamic and complex developmental stage marked by identity creation, exploration, and major life transitions. Young adults have a variety of obstacles that influence their attitudes, beliefs, and behaviors around health and well-being. These obstacles range from gaining independence and developing close connections to pursuing educational and employment goals. Promoting positive outcomes and building resilience in young adults as they negotiate the transition to adulthood requires an understanding of the complexity of this developmental stage.

The socio-demographic profile of young adults encompasses a diverse array of factors, including age, gender, ethnicity, socioeconomic status, and geographic location. These demographic variables play a crucial role in shaping individuals' experiences and access to healthcare services, with disparities often reflecting broader societal inequalities. Understanding the socio-demographic characteristics of young adults provides a foundational framework for contextualizing their health-related experiences and disparities.

1.3 Stigma and Wellness among Young Adults

Wellness is still severely hampered by the stigma associated with mental health, especially for young individuals. This stigma can take many different forms, such as prejudice, social isolation, and unfavorable views towards those who are dealing with mental health issues (Corrigan & Watson, 2002). Young adults are more susceptible to mental health problems because they frequently deal with particular pressures and stressors relating to relationships, societal norms, professional aspirations, and academic achievement. But their fear of being stigmatized may keep individuals from talking about their problems or asking for assistance, which can worsen their symptoms and lower their general wellbeing.

The lack of knowledge and education regarding mental health concerns is one of the main causes of the stigma's continued existence (Pescosolido et al., 2010). Stereotypes and misconceptions reinforce stigmatization of people with mental illnesses and make them feel ashamed or embarrassed about their experiences. Furthermore, young adults may be deterred from addressing their mental health needs by societal standards that place a premium on productivity and resilience out of a concern for coming seen as weak or inept. As a result, there may be a culture of silence where people suffer in secret rather than getting the help they require.

One cannot emphasize the negative effects of stigma on young adults' well-being. Stigma has been linked to feelings of worthlessness, low self-esteem, and isolation in people with mental health problems, according to research (Wahl, 1999). Furthermore, young people' fear of rejection or judgement from others can keep them from making the kind of connections that are necessary for general well-being—namely, reaching out for social support. Consequently, mental health disorders that are left untreated might worsen, resulting in altered functioning and more intense symptoms.

According to Thornicroft et al. (2008), systemic and individual variables must be addressed in order to combat stigma and promote wellbeing among young adults. Education initiatives can help combat stigma and negative attitudes by debunking myths and offering factual information about mental health. In addition, it is critical to establish supportive environments where young adults feel comfortable talking about their mental health difficulties without fear of being judged in businesses, educational institutions, and communities. Implementing anti-stigma policies, offering resources and support services for mental health, and encouraging candid conversations about mental health are all part of this.

According to Stuart (2016), media portrayals of mental illness also have a big influence on how society views it. They have the power to either challenge or reinforce stigma surrounding the condition. Destigmatizing conversations and fostering acceptance and understanding can be accomplished in part by the media by presenting accurate and sympathetic portrayals of mental health conditions. Being able to share their own stories and push for legislative changes that will enhance mental health services and support networks makes young adults leading advocacy campaigns another effective force for change.

Ultimately, tackling stigma is critical to supporting young adults' well-being and making sure they have access to the resources and assistance they require to succeed. Our ability to enable young adults to priorities their mental health and seek treatment when necessary will ultimately improve the well-being of both individuals and communities. This may be achieved by cultivating an atmosphere of understanding, empathy, and acceptance.

1.4 Health-Seeking Behaviors among Young Adults

To effectively promote young people' general well-being and treat any health difficulties, it is imperative to comprehend their health-seeking behaviors. Studies have indicated that these practices are impacted not only by personal factors like knowledge and attitudes but also by larger society issues like healthcare accessibility and cultural norms (Harris, Amadio, & Bauer, 2017).

We may learn more about the elements that encourage young adults to participate in preventative care, seek medical attention when necessary, and take up activities that promote health by looking at the patterns and determinants of health-seeking behaviors.

Social and cultural norms have a big impact on how young individuals seek health care. Diverse ethnic groups have differing attitudes on healthcare, preventive measures, and asking for help, which affects people's desire to seek medical attention (Schnittker & McLeod, 2005). Furthermore, peer pressure and social networks can help or hinder people's efforts to seek health. If young adults see social support from friends, family, or the community, they may be more inclined to embrace health-promoting behaviors (Ali & Dean, 2015). On the other hand, people may be discouraged from seeking treatment by peer pressure or social stigma, especially when it comes to delicate matters like mental health.

Young individuals' health-seeking behaviors are significantly influenced by their access to healthcare services. Lack of insurance, trouble getting about, and financial limitations are examples of structural barriers that might prevent people from accessing healthcare, which can result in treatment that is either delayed or insufficient (Andersen, Davidson, & Baumeister, 2014). Furthermore, the communication style and perceived trustworthiness of healthcare providers are two factors that can affect young adults' propensity to seek care (Kelley, Kraft-Todd, Schapira, Kossowsky, & Riess, 2014). Thus, encouraging health-seeking behaviors in young adults requires interventions targeted at expanding access to healthcare and strengthening the bond between patients and providers.

In order to improve young adults' general health and well-being, it is imperative to recognize and remove obstacles to their health-seeking behaviors. The role of social networks, access to healthcare services, and interactions between patients and providers are just a few examples of the human, cultural, and structural aspects that should be taken into account when designing interventions aimed at improving health. Young adults can be empowered to take control of their health and lead healthier lives if we provide a supportive atmosphere that promotes early detection and prompt treatment.

1.5The Role of Mass Media in Shaping Health Perceptions and Behaviors

The mass media, which includes television, the internet, social media, and advertising, has a significant impact on young adults' attitudes, behaviors, and beliefs regarding health. Empirical evidence suggests that exposure to media messages has a substantial impact on people's health attitudes and behaviors. According to research, young adults who are regularly exposed to social media representations of idealized thinness and beauty are more prone to experience body dissatisfaction and disordered eating patterns (Perloff, 2014). This emphasizes how influential the media is in influencing how people view their bodies and how common body image issues are among young adults.

Mass media also influences young adults' decision-making processes about health-related matters by providing them with vital health information. Research conducted by Johnson and colleagues (2015) revealed that young individuals frequently turn to the internet, including social media and health websites, to learn about a range of health-related issues, such as mental health, physical fitness, and diet. Nevertheless, there can be wide variations in the caliber and veracity of material shared via these platforms, which could mislead and confuse younger audiences (Paek & Hove, 2012). So, even while media platforms provide useful health-related information, young adults need to develop their media literacy skills so they can assess the validity and dependability of sources critically.

Young adults' adoption of healthy practices and their pursuit of health can also be influenced by how healthy behaviors and lifestyles are portrayed in the media. According to Carter and Hendricks (2016), research indicates that young individuals may be encouraged to embrace healthier lifestyles and regular exercise by being exposed to positive media portrayals of physical activity. On the other hand, sensationalized or glamorous portrayals of hazardous habits, such drug misuse or unsafe sexual behavior, could normalize these habits and encourage young audiences to follow them (Primack et al., 2008). Therefore, young people' health behaviors may be influenced and sustained by media depictions, which can serve as a reflection of society standards.

Promoting media literacy and improving health communication techniques are two interventions that have gained popularity in response to the widespread impact of mass media on young adults' health views and behaviors. According to Hoffman and Jensen (2009), the goal of these treatments is to provide young adults the tools they need to evaluate media messages critically, distinguish between reliable and false health information, and make wise health-related decisions. Additionally, to spread correct health information and encourage young adults to adopt healthy behaviors, health communication initiatives make use of a variety of media platforms (Noar et al., 2016). These interventions help young adults become more capable of navigating the media landscape and making their own healthy decisions by addressing the role that media plays in influencing health outcomes within this population.

In conclusion, this research study aims to clarify the intricate relationship between stigma and young people' health-seeking behavior, providing insightful information on the variables affecting their health-related experiences and results. In order to improve the health and well-being of young people in modern society, this study intends to provide evidence for evidence-based interventions and policies by addressing the sociodemographic traits, stigma, wellness, and health-seeking behaviors within this demographic. Young individuals' health-seeking behavior and stigma are examined, and the results show a complex interaction between structural, psychological, and sociocultural elements. According to Goffman (1963), stigma permeates many societal spheres and shapes how people are treated depending on how they feel themselves to be different from the norm. This includes the healthcare industry, where social exclusion and discrimination can make it difficult for people to receive treatment (Link & Phelan, 2001).

Young adulthood, a time of major life transformations and identity formation (Arnett, 2000), interacts with social views to influence experiences connected to health. Age, gender, socioeconomic class, and ethnicity are sociodemographic characteristics that have a significant impact on health outcomes and healthcare access (Williams & Mohammed, 2009). Well-being, which includes mental, emotional, physical, and social well-being (World Health Organization, 2006), requires all-encompassing interventions that cater to the many needs of young adults (Myers & Sweeney, 2005). Mass media greatly changes health attitudes and behaviors (Chapman & Lupton, 2015; Giles, 2003), and understanding health-seeking behaviors needs comprehensive study of individual, interpersonal, and structural effects (Andersen, 1995; Babitsch et al., 2012).

Improved health outcomes for young adults depend on eradicating stigma and advancing inclusive healthcare practices (Hatzenbuehler et al., 2013; Corrigan & Watson, 2002), highlighting the significance of community-based interventions, education, and anti-stigma initiatives. In conclusion, this study clarifies the variables influencing the health experiences of young adults and promotes a more equitable healthcare system that meets their varied requirements.

CHAPTER 2

REVIEW OF LITERATURE

REVIEW OF LITERATURE

A critical examination and synthesis of previous studies, academic publications, articles, and other materials on a given subject constitute a review of the literature. It provides a thorough grasp of the state of knowledge in a particular field or subject area and forms the basis for all academic activity. It involves searching for information related to your topic, to familiarize yourself with the relevant research and to identify issues and gaps in the research. It may be used as background or context for a primary research project.

A literature review offers an in-depth review and synthesis of past studies, making it an essential part of the research process. Researchers can refine their research questions and objectives with the help of this critical assessment, which helps identify gaps, inconsistencies, and possible topics for more exploration. Also, it gives the study a historical framework, allowing researchers to expand on the framework established by past research and advance the body of knowledge in the relevant topic. Through reviewing the existing literature, scholars can obtain valuable perspectives on the various techniques, conceptual frameworks, and strategies employed in previous investigations, so enabling them to make well-informed choices regarding the methods that would be most suitable for the studies they are conducting.

“A literature review surveys prior research published in books, scholarly articles, and any other sources relevant to a particular issue, area of research, or theory, and by so doing, provides a description, summary, and critical evaluation of these works in relation to the research problem being investigated. Literature reviews are designed to provide an overview of sources you have used in researching a particular topic and to demonstrate to your readers how your research fits within existing scholarship about the topic."

Fink, Arlene. *Conducting Research Literature Reviews: From the Internet to Paper*. Fourth edition. Thousand Oaks, CA: SAGE, 2014.

2.1 PURPOSE

A literature review is like connecting the dots between different research works. It's not just a summary like an annotated bibliography, but rather an analysis of how various studies relate to each other. Instead of listing and summarizing one study after another, it examines the evolution of research on a topic.

By looking at the major works and follow-up studies, a literature review sets the stage for more research. It helps explain why a topic is important and where your own research fits in the bigger picture.

Think of it as a way to avoid repeating what others have done and to find new areas for exploration. A literature review also lets you join an ongoing conversation with other researchers, giving you the chance to ask new questions and contribute to the field.

2.2 MEDIUMS USED FOR REVIEW OF LITERATURE

1. Articles
2. Publications

- DeBate (2018) investigated the impact of stigma on determinants influencing mental health help-seeking behaviors among male college students, utilizing the Information-Motivation-Behavioral Skills (IMB) model. Despite the availability of mental health services on campuses, male students tend to underutilize these resources, resorting instead to unhealthy coping mechanisms.

  In this cross-sectional study, a comprehensive 71-item online survey was employed to assess mental health literacy (information), attitudes toward mental health and subjective norms (motivation), and intentions and stigma (behavioral skills) among 1,242 male college students.

  The study revealed significant associations between information and motivation, information and behavioral skills, and motivation and behavioral skills. Notably, stigma emerged as a mediator in these relationships, emphasizing its pivotal role in hindering help-seeking behaviors among male college students.

  DeBate's findings underscore the importance of addressing stigma to enhance mental health support for male college students. The study advocates for comprehensive public health strategies that incorporate diverse approaches to improving motivation, knowledge dissemination, skill-building, and stigma reduction.

- Eisenberg et al. (2009) investigated the influence of mental illness stigma on college students' help-seeking behavior. The study highlighted stigma as a significant obstacle to seeking mental health assistance, focusing on perceived public stigma and individuals' personal stigmatizing attitudes. Using data from a random sample of 5,555 students across 13 universities, the research revealed several key findings: firstly, perceived public stigma was more prevalent than personal stigma; secondly, personal stigma was more pronounced among certain student demographics, including males, younger individuals, Asians, international students, those with stronger religious affiliations, and those from lower-income families; thirdly, personal stigma was negatively associated with perceived need and utilization of psychotropic medication, therapy, and nonclinical support. Notably, perceived stigma did not show a significant correlation with help-seeking behaviors.

- Munisami, Namasivayam, and Annamalai (2020) conducted a study titled "Mental-Illness-Related Stigma in Health Care in South India: Mixed-Methods Study" which explores the issue of mental illness-related stigma within the healthcare sector in South India. The researchers employed a concurrent nested mixed-methods approach to understand the attitudes of medical practitioners towards mental illness and associated stigma.

  The study, conducted between November 2018 and March 2019, involved 100 medical practitioners from South India. The researchers utilized the Opening Minds Scale for Health Care Providers (OMS-HC) in a self-report format, followed by in-depth interviews with 25 participants selected through purposive sampling. Quantitative survey data were analyzed using SPSSv23, while qualitative data from interviews underwent transcription, translation, and exploration through focused coding and the constant comparative method.

Quantitative analysis revealed a range of low to moderate stigma (Mean = 53.52, SD = 7.61), whereas qualitative findings uncovered subtle and unintentional negative attitudes toward mental illness. The study identified stigma at various levels, including structural, institutional, interpersonal, and personal, underscoring the need for systematic anti-stigma interventions. Qualitative insights provided a deeper understanding of the complex nature of stigma among medical practitioners regarding mental illness.

- Harikrishna M R and Tissy Mariam Thomas (2023) investigated the influence of perceived social support and mental health stigma on the professional help-seeking behavior of college-level teachers in Kerala, India, amidst the backdrop of the COVID-19 pandemic's impact on the teaching environment. The research aimed to uncover the dynamics affecting teachers' mental well-being. Using purposive sampling, the study involved 130 participants from various colleges in Kerala. Data collection utilized the Attitude towards Seeking Professional Psychological Help Scale, Stigmatizing Attitude Believability Scale, and Multidimensional Scale of Perceived Social Support.

  The study employed statistical analyses such as Spearman rank correlation coefficient, linear regression, and moderation analysis to examine relationships among perceived social support, mental health stigma, and professional help-seeking behavior. Notably, the findings revealed a strong positive correlation between perceived social support and professional help-seeking behavior. Additionally, perceived social support emerged as a positive predictor of professional help-seeking, while mental health stigma acted as a negative predictor.

The study also explored the moderation effect of perceived social support on the relationship between mental health stigma and professional help-seeking behavior, providing nuanced insights into teachers' emotional and mental well-being during the COVID-19 era. These results underscore the role of perceived social support in enhancing teachers' mental health and deepen understanding of the factors influencing their professional help-seeking behaviors.

- Saint Arnault's (2009) article, "Cultural Determinants of Help Seeking: A Model for Research and Practice," published in Research and Theory for Nursing Practice, presents a framework aimed at facilitating access to healthcare services for individuals from diverse cultural backgrounds. The article addresses the challenge of understanding cultural reasons behind health-seeking behaviors, which have historically been described descriptively rather than theoretically or empirically analyzed. The Cultural Determinants of Help Seeking (CDHS) model synthesized ideas and research from various disciplines to establish a middle-ground theory. This model focuses on cultural elements such as beliefs, economy, practices, and the body, emphasizing how cultural models influence perceptions of health and illness. The concept of idioms, or expressions of wellness and distress, is also introduced within the CDHS framework. According to CDHS, cultural models shape interpretations of signs and symptoms and influence the distribution of resources within society. Saint Arnaut illustrates the practical application of the CDHS model through examples from Asian cultures, demonstrating its utility in real-world contexts. The article concludes by emphasizing the significance of understanding cultural factors to enhance health outcomes and healthcare delivery for diverse populations, underscoring the implications for both research and practice.

- Stangl, Earnshaw, Logie, van Brakel, Simbayi, Barré, and Dovidio (2019) introduce the Health Stigma and Discrimination Framework as a comprehensive and globally applicable approach to address the pervasive issue of health-related stigma. Health stigma represents a significant barrier to health-seeking behavior, care engagement, and treatment adherence across a spectrum of health conditions worldwide. Traditional stigma frameworks often focus narrowly on specific health issues, resulting in fragmented research approaches that primarily examine individual psychological pathways, limiting cross-comparisons and innovative solutions across different stigmatized conditions. In contrast, the proposed framework offers a holistic perspective by integrating theory, research, and practical insights. By applying this framework to diverse health conditions including leprosy, epilepsy, mental health, cancer, HIV, and obesity/overweight, the authors demonstrate its versatility and relevance. Furthermore, the framework acknowledges the intersectionality of health-related stigmas with factors such as race, gender, sexual orientation, class, and occupation. The Health Stigma and Discrimination Framework is positioned as a valuable tool for guiding intervention development, measurement strategies, research initiatives, and policy formulation. The authors argue that adopting a unified framework facilitates the identification of commonalities and distinctions in stigma processes across various diseases, enhancing the capacity to respond effectively and at scale to a significant driver of poor health outcomes globally. Ultimately, the framework serves as a catalyst for advancing research, programming, and policy efforts to combat health-related stigma across diverse contexts.

- Turan, Elafros, Logie, Banik, Turan, Crockett, Pescosolido, and Murray (2019) explore the concept of 'intersectional stigma,' which refers to the convergence of multiple stigmatized identities within individuals or groups and its impact on health and well-being. The historical and theoretical foundation of this concept examines intersections among race, class, and gender, yet there is a lack of consensus on its definition, analysis, and intervention design. The article aims to review existing literature on intersectional stigma, identify gaps in research methodologies, illustrate promising analytical approaches through examples, and outline priorities for future health research. Evidence presented indicates that individuals in diverse settings encounter intersecting stigmas affecting mental and physical health, as well as corresponding health behaviors. The complex interplay of different stigmas creates intricate health impacts, leading to various vulnerabilities and risks. To address knowledge gaps, the article underscores the need for qualitative, quantitative, and mixed methods approaches. Stigmatized identities, often studied in isolation, exist within interconnected realities. The prevalence of intersecting stigmas is acknowledged but poorly understood. The article emphasizes the importance of developing instruments and methods to better comprehend the mechanisms and effects of intersectional stigma concerning global health conditions. Only through such advancements can healthcare providers, public health officials, and advocates design interventions that leverage positive aspects of shared identity while alleviating the burden of stigma.

- Kaur, Thapar, Saini, Kaur, and Kaur (2016) conducted a study titled "Exploring Public Perceptions of Mental Illness and Health-Seeking Behavior: A Comprehensive Analysis" published in the International Journal of Community Health & Medical Research. The study aimed to assess prevalent myths and misconceptions related to mental illness and health-seeking behavior among adults, given the impact of these misconceptions on stigma and discrimination. Using convenience sampling, a descriptive study was conducted involving 100 healthy adults residing in a selected area of Ludhiana city. Participants completed a structured questionnaire to evaluate myths and misconceptions about mental illness and health-seeking behavior. The study revealed that all participants held various myths and misconceptions about mental illness, with 16% exhibiting a high level of such beliefs. Many adults believed that psychiatric issues were more common among individuals experiencing high levels of stress and prolonged sadness. Regarding health-seeking behavior, 39% preferred consulting a psychiatrist, while 28% favored admitting patients to mental hospitals. These findings highlight the prevalence of myths and misconceptions surrounding mental illness among the general population. The study suggests that awareness campaigns are essential for providing accurate knowledge about mental health and addressing misconceptions to encourage appropriate health-seeking behavior.

- Noh et al. (2022) conducted a study exploring the health-seeking behavior of Malaysian adults residing in urban and rural areas who reported sickness. Published on March 8, 2022, the research utilized data from the National Health and Morbidity Survey (NHMS) 2019, a comprehensive cross-sectional survey targeting non-institutionalized residents aged 18 and above in Malaysia. The primary objective of the study was to identify factors associated with health-seeking behavior in the context of reported sickness among Malaysian adults. The researchers employed complex sample descriptive statistics to characterize respondent demographics and health-seeking behaviors. Additionally, multivariable logistic regression analysis was conducted to examine the relationships between potential factors, including sociodemographic characteristics, enabling factors, health needs, and two health-seeking behaviors: seeking treatment from healthcare practitioners and self-medication. A total of 10,484 respondents, estimated to represent 18.9 million Malaysian adults, were included in the analysis. The prevalence of seeking treatment from healthcare practitioners and self-medication among Malaysian adults reporting sickness was 57.3% and 23.3%, respectively. Notably, individuals from both urban and rural areas who perceived their health as poor to very poor were more inclined to seek professional treatment compared to those who rated their health as good to excellent. However, among the urban population, those with a negative health perception were less likely to engage in self-medication. Further analysis revealed variations in health-seeking behavior between urban and rural populations. In urban areas, government employees exhibited a higher likelihood of seeking treatment, while individuals without formal education were significantly more prone to self-medicate. In rural areas, individuals with at least one long-term health condition were more inclined to seek professional treatment compared to those without such conditions. The study findings emphasize the importance of understanding influencing factors on health-seeking behavior in both urban and rural contexts and suggest that addressing these factors could contribute to reducing disparities in healthcare utilization among the Malaysian population.

- Agyemang-Duah, Arthur-Holmes, Peprah, Adei, and Peprah (2020) conducted research exploring health information-seeking behavior among older adults with very low incomes in Ghana. Published on June 15, 2020, the study aimed to fill a gap in understanding subjective insights into health information-seeking behavior among economically challenged older adults in Ghana. The research employed in-depth interviews and focus group discussions involving 30 older adults, 15 caregivers, and

15 formal healthcare providers in the Atwima Nwabiagya District of Ghana. Data analysis utilized a thematic analytical framework. Findings revealed various sources of health information utilized by older adults with very low incomes, including healthcare providers, family members, media, and friends. Specific health topics sought by this demographic included information about diets, causes of chronic non-communicable diseases, and medication dosage. The study also identified barriers to accessing health information, such as limited awareness of the benefits of seeking information, perceived poor attitudes of healthcare providers, and communication challenges. In conclusion, the research underscores the critical role of adequate and reliable health information in promoting the well-being of economically disadvantaged older adults. The study emphasizes that limited access to accurate health information could worsen health conditions. Therefore, targeted health policy interventions addressing the sources and types of health information sought by older adults with very low incomes in Ghana are warranted. Additionally, healthcare providers are encouraged to adopt open, friendly, and receptive approaches when interacting with older individuals to facilitate their access to essential health information, recognizing them as reliable sources of such information.

- O'Connor, Martin, Weeks, and Ong (2014) conducted a study aiming to identify factors influencing mental health help-seeking behavior in adolescents using the Health Belief Model. Despite the prevalence of mental illness among young individuals, they are often among the least likely to seek help. The research employed a cross-sectional design with 180 volunteers aged 17–25 who participated in a survey measuring health beliefs, personality traits, and attitudes. Standard multiple regression analyses identified extraversion, perceived benefits of seeking help, perceived barriers, and social support as direct predictors of help-seeking behavior. Moderated relationship tests revealed that perceived benefits outweighed barriers in predicting help-seeking. Interestingly, perceived susceptibility did not predict behavior unless individuals were health conscious or believed in the benefits of seeking help. In conclusion, the study highlights the significant role of personality traits, attitudes, and health beliefs in predicting adolescents' help-seeking behavior for mental health issues. Particularly, 'Perceived Benefits' emerged as a robust predictor and a modifiable factor through health promotion programs. This research provides insights into the complex dynamics influencing young people's decisions to seek help for mental health concerns.

- Chan, Lee, and Low (2018) conducted a systematic review focusing on the health status, health-seeking behavior, and healthcare utilization of low socioeconomic status populations residing in public rental housing in urban Singapore. Given Singapore's high rates of home ownership, public rental housing serves as an indicator of low socioeconomic status (SES) within the country. The review, encompassing 14 articles published between 2000 and 2017, revealed a consistent association between residing in public rental housing and poorer health outcomes. The studies covered three main aspects: health status, health-seeking behavior, and healthcare utilization.

Residents in public rental housing demonstrated lower health status and outcomes, showed reduced participation in health screening, preferred alternative medicine practitioners over Western-trained doctors for primary care, and exhibited increased hospital utilization. Qualitative interviews within several studies highlighted cost concerns as a common reason for healthcare disparities. Residing in public rental housing emerged as a significant risk marker for diminished health, highlighting critical public health implications. The review emphasized the need for qualitative studies to further explore the causes of disparities and guide targeted interventions aimed at improving the health outcomes of this specific population. In Krishnamurthy et al.'s study (2023), the focus shifted to the prevalence of hypertension and determinants of treatment-seeking behavior among adolescents and young adults in India, utilizing data from the National Family Health Survey-4. The analysis revealed a 13.8% prevalence of hypertension among younger adults in India, with only 51.1% aware of their condition and 19.5% seeking treatment. Determinants of treatment-seeking behavior included age, gender, religion, region, education level, and preferred treatment method. Adolescents, males, Hindus, urban residents, individuals with higher education, and those residing in specific regions exhibited poorer treatment-seeking behavior. In summary, both studies underscored the critical link between socioeconomic factors and health outcomes. The Singaporean study highlighted the impact of public housing on health disparities, emphasizing the necessity for targeted interventions. Meanwhile, the Indian study shed light on the alarming prevalence of hypertension among young adults and the influencing factors on their treatment-seeking behavior.

- Woolley and Peterson (2012) conducted a study published online on May 2, 2012, to examine the efficacy of a health-related Facebook fan page, specifically the Get Up and Do Something (GUADS) page, on health-seeking behaviors among its fans. The research involved 90 participants aged 18 and older who completed an online questionnaire, providing insights into their perceptions, usage patterns, and reactions to the GUADS Facebook page. The findings indicated that the GUADS Facebook page acted as a catalyst for health-seeking actions by motivating fans to actively search for additional health information online. Additionally, the page had a positive influence on health-related thoughts and behaviors by encouraging and reminding fans to engage in healthy activities. The study established a significant relationship between the frequency of interactions with GUADS posts (including seeing, clicking, and reading) and participants' engagement in health information seeking and health-related thoughts and behaviors. In conclusion, the results suggested that Facebook, as a platform, could effectively contribute to supporting individuals in maintaining and adopting a healthy lifestyle. The study highlighted the potential of social media, specifically Facebook, as a medium for promoting health-related behaviors and fostering positive health outcomes.

- Rickwood, Deane, Wilson, and Ciarrochi (2005) conducted a comprehensive research initiative aimed at understanding the factors influencing help-seeking behaviors among young individuals facing mental health challenges. The study, published in the

Australian e-journal for the Advancement of Mental Health, addresses the underutilization of professional services, particularly by young males, in times of psychological distress or suicidal thoughts. The research explores reasons behind this reluctance, strategies to enhance the accessibility and attractiveness of mental health services for youth, inhibiting and facilitating factors in help-seeking, and the role of community gatekeepers in supporting young people. Conducted in New South Wales, Queensland, and the Australian Capital Territory (ACT), the research incorporates both qualitative and quantitative methodologies, involving 2721 individuals aged 14–24. The study utilizes the General Help Seeking Questionnaire to assess future help-seeking intentions and prior experiences, along with the Actual Help Seeking Questionnaire to measure recent help-seeking behavior. Various mental health problems, including depressive symptoms, personal-emotional issues, and suicidal thoughts, are examined. The study introduces a conceptual framework defining help-seeking as a process that transitions psychological distress from the personal to the interpersonal domain. Factors influencing this translation process are explored, encompassing awareness of distress, ability to articulate emotions, and willingness to disclose mental health concerns. Results are presented in terms of help-seeking patterns across adolescence and young adulthood, the correlation between intentions and behavior, and barriers and facilitators of seeking help. Barriers identified include lack of emotional competence, the help-negation effect related to suicidal thoughts, negative attitudes, and fear of stigma. Facilitators include emotional competence, positive past experiences, mental health literacy, and supportive social influences. The paper discusses implications for intervention development, emphasizing the need to encourage help-seeking in youth. It concludes by identifying research gaps and suggesting future directions for help-seeking literature, highlighting the ongoing importance of understanding and promoting mental health support among young individuals.

- Mitchell, McMillan, and Hagan (2017) conducted a study exploring mental health help-seeking behaviors in young adults, with a focus on the integration of online communities and mobile services into mental health service provision. The study, published in the British Journal of General Practice, highlights the benefits and concerns associated with online platforms in addressing mental health needs among young adults. Online platforms offer advantages such as increased anonymity, accessibility 24/7, and empowerment through diverse information access. However, concerns arise, including cyberbullying and the potential exacerbation of mental health issues on certain websites. A systematic review of 18 studies revealed that while young people were generally satisfied with online services, these platforms did not necessarily facilitate offline help-seeking behaviors. Healthcare practitioners are urged to approach online services cautiously due to the lack of regulatory control on many platforms. The stalled review of the NHS Apps Library underscores the challenges in regulating online and mobile health technologies in this rapidly evolving field.

- Jain, Nandan, and Misra (2006) conducted a qualitative study aimed at assessing the health-seeking behavior and perceptions regarding the quality of healthcare services among rural communities in District Agra, Uttar Pradesh. The researchers employed a focus group discussion methodology across 18 villages in three rural community development blocks, selected based on their performance in achieving Reproductive and Child Health (RCH) indicators. Using a multistage stratified random sampling technique targeting men and women in the reproductive age group, data were collected and analyzed through free-listing responses of community members, semi-quantifying them using standard qualifiers. The findings revealed that when faced with health-related issues, community members initially engaged in discussions with family and influential individuals within their caste community. Decision-making regarding seeking care or treatment was influenced by these discussions, often resulting in attempts at home treatments as the first line of action. Only upon treatment failure did individuals opt to approach a healthcare provider. The choice of a healthcare provider was typically determined by decision-makers, such as elder male family members or influential community figures. Factors such as literacy status, socioeconomic status, past experiences, and the perceived quality of healthcare services significantly influenced provider selection. Respondents expressed dissatisfaction with the quality of available healthcare services, leading them to prefer private providers, including indigenous medical practitioners, Registered Medical Practitioners (RMPs), and qualified doctors. This preference for private healthcare providers highlighted perceived shortcomings in rural healthcare service quality. In summary, the study illuminated the intricate dynamics of health-seeking behavior in rural communities, emphasizing the influence of social structures, decision-making processes, and perceptions of healthcare quality on individuals' choices in seeking medical care.

- Das, Angeli, Krumeich, and Van Schayck (2018) conducted a study exploring the gendered experience of health-seeking behavior within an urban slum in Kolkata, India. The research aimed to unravel the complex interplay between gender dynamics and health-seeking practices, considering diverse factors such as social status, control, ideology, marital status, and procreative status. The study was conducted in Sahid Smriti Colony, a peri-urban slum, utilizing a referral technique to select 66 participants (34 men and 32 women) due to the sensitivity of discussing health issues openly in the area. Data collection involved individual face-to-face in-depth interviews with a semi-structured questionnaire. Analysis of the data revealed distinct reasons shaping women's preference for informal healers, rooted in cultural competency of care, easy communication, gender-induced affordability, and avoidance of social stigma, adherence to cultural expectations, and geographical/cognitive distance from formal healthcare. Women's health-seeking behavior is characterized by a preference for socio-cultural therapies and prolonged treatment to navigate societal norms. Conversely, men's preferences for formal care were driven by themes of ease of access, quality of treatment, and expected outcomes. Men's health-seeking patterns aligned with desires for fast and technologically driven therapies, reflecting societal roles as breadwinners seeking swift recovery to mitigate financial pressures. The study highlights that while both genders utilize formal and informal care, their motives and expectations significantly differ. Women's choices are deeply rooted in socio-cultural considerations, emphasizing cultural traits to evade economic and social repercussions. In contrast, men prioritize advanced treatments aligned with their provider roles, aiming for prompt recovery to alleviate financial burdens. This research sheds light on the intricate interplay between gender roles and health-seeking behavior, emphasizing contrasting preferences and outcomes within the unique socio-cultural context of an urban slum in Kolkata.

- Manafo and Wong (2012) conducted a study to explore the health information-seeking behaviors (HISB) of community-living older adults (aged 55-70 years) in Toronto, Canada, with a specific focus on nutrition and health. The qualitative methodology employed grounded theory, utilizing in-depth interviews with 20 participants until theoretical saturation of data was achieved. The research identified three key themes related to older adults' HISB, with a particular emphasis on the enabling and disabling experiences encountered during the search for nutrition and health information to support successful aging. The study highlighted the shift among older adults from traditional healthcare providers to diverse sources, including online platforms, as they actively seek information to prioritize their health. It emphasized the importance of understanding HISB characteristics specific to nutrition and health in older adults, an area relatively unexplored in existing research. The participants, consisting of 15 women and 5 men, represented a diverse group in terms of retirement status, employment, education levels, and household composition. The findings indicated that older adults use HISB as a means of taking responsibility for their nutritional well-being, enhancing their perception of control, and aligning with the broader concept of exerting control over health to improve quality of life. The study's implications for research and practice underscore the importance of supporting older adults' HISB, particularly in promoting health and well-being. It highlights the role of nutrition professionals and public health practitioners in understanding the impact of mass media on older adults' daily lives and emphasizes a shift towards health promotion strategies over tertiary prevention in addressing nutritional well-being among this population.

- Klemenc-Ketis and Kersnik (2013) explored health-seeking behavior in the general population with psychological symptoms, highlighting the prevalence of such symptoms and their impact on healthcare utilization. The study emphasized that nearly three-quarters of the general population experience psychological symptoms, with approximately half encountering psychiatric disorders at least once in their lifetime. Individuals with psychological symptoms are frequent users of the healthcare system and may present as challenging patients. Psychiatric disorders, particularly depression and anxiety, account for a significant proportion of family practice visits. Health-seeking behavior, defined as actions taken by individuals perceiving themselves as having health problems, is influenced by socio-demographic factors, socio-cultural dimensions, and personal beliefs. Factors affecting health-seeking behavior include age, sex, education, socio-economic status, race, ethnicity, religion, marital status, social networks, and lay referral systems. The study conducted in June 2011 involved 1,002 randomly selected Slovenian citizens, utilizing computer-assisted telephone interviews (CATI) to assess the one-month prevalence of psychological symptoms and identify correlates of health-seeking behavior. Results indicated that 38.0% reported psychological symptoms in the past month, with higher prevalence associated with female sex, lower education, lower income, chronic disease, and lower quality of life. Health-seeking behaviors such as self-treatment, lay advice seeking, and seeking medical help were more common among those with psychological symptoms. Multivariate analysis revealed independent associations between psychological symptoms and factors such as female sex, higher age, chronic disease, primary education, lay advice seeking, pain, and the presence of anxiety/depression. The study underscores the complexity of health-seeking behavior among individuals with psychological symptoms and highlights the need for targeted interventions to enhance care and promote self-identification of symptoms in the population.

- Roomaney and Popovac (2023) conducted a study exploring the psychosocial correlates of well-being among individuals who engage in online health-seeking behavior. The concept of well-being, defined as satisfaction with life, encompasses dimensions such as self-acceptance and positive relationships. Well-being holds significance for personal and societal benefits, potentially exceeding economic indicators in policy assessment. The study investigates predictors of well-being in the context of online health information seeking, highlighting the increasing reliance on the internet for health-related information. Neuroticism, a personality trait associated with negative emotions, shows a strong negative correlation with well-being. Health anxiety, characterized by excessive fear of illness, is linked to online health information searches, potentially leading to cyberchondria. The study also considers social anxiety, suggesting that the online space may serve as a refuge for socially anxious individuals. The methodology involved online data collection from 554 participants actively seeking health information. Results revealed below-average well-being scores, high health anxiety, and social anxiety scores, alongside reports of good social support. Multiple regression analysis was employed to examine the relationships between psychological variables (neuroticism, health anxiety, and social anxiety) and social variables (family support, friend support, significant other support) in predicting well-being. In summary, Roomaney and Popovac's study delves into the complex interplay between psychological variables, social support, and well-being among online health-seekers, offering insights into potential predictors and their implications.

CHAPTER 3

METHODOLOGY

METHODOLOGY

3.1. INTRODUCTION

The methodology section plays a vital role in delving into the intricacies of how societal stigma affects adults' behavior when seeking healthcare in the realm of stigmatized wellness. Stigmatized wellness refers to situations where certain health issues or behaviors encounter social disapproval, discrimination, or prejudice, hindering individuals from accessing appropriate healthcare. A deep understanding of how stigma influences health-seeking behavior is crucial for developing effective interventions and fostering a healthcare environment that is more inclusive and supportive.

To explore this, a quantitative survey will be implemented among a diverse group of adults. The objective is to uncover patterns, trends, and correlations between perceived levels of stigma and specific health-seeking behaviors. The survey instrument will be carefully crafted, integrating established scales and measures related to stigma, mental health, and healthcare utilization.

To enhance the reliability of the findings, the research will utilize triangulation, validating results through the convergence of data from various sources. This multi-method approach not only strengthens the study's validity but also provides a more comprehensive understanding of the complex interplay between stigmatized wellness and health-seeking behavior.

Adhering to ethical standards is paramount throughout the research process. Obtaining informed consent from all participants, ensuring confidentiality and anonymity, and subjecting the research design to ethical review are crucial measures to protect the rights and well-being of participants.

In summary, the methodology employed in this study on stigmatized wellness aims to unravel the multifaceted dimensions of societal stigma's impact on adults' health-seeking behavior. Through a combination of quantitative surveys and triangulation, this research seeks to provide a thorough understanding that can guide interventions and contribute to the development of a more inclusive and supportive healthcare environment.

3.2 STATEMENT OF THE PROBLEM

The stigma attached to wellness is a major barrier that many face when trying to reach their best health. The stigmas associated with particular medical disorders sometimes prevent young adults from discussing their health openly, which has a negative impact on public and individual health. The purpose of this study is to get a thorough knowledge of the effects of stigmatized wellness on young adult health-seeking behavior by closely examining the complexities surrounding it. This study aims to offer important insights by identifying the core causes of stigmatization and assessing the patterns in health-related decision-making that emerge as a result.

3.3 SIGNIFICANCE OF THE STUDY

This study is crucial for healthcare and public health because it sheds light on stigmatized wellness, which includes conditions like mental health issues, physical disabilities, or chronic illnesses that are unfairly judged in society. It is crucial to comprehend how this stigma influences adult decisions to seek medical attention in order to develop effective policies and solutions. By examining the ways in which stigma affects health-seeking behaviors and taking into account cultural views, societal norms, and personal experiences, we can address the obstacles that people encounter when attempting to obtain appropriate and timely healthcare. This study advances our knowledge of the relationships between society perceptions, personal convictions, and healthcare decisions, which will inform future initiatives to lessen the stigma associated with a range of medical illnesses. Ultimately, it has the potential to improve people's well-being by making healthcare more sympathetic and perceptive.

3.4 AIM OF THE STUDY

This study aims to assess how stigma affects young adults' health seeking behavior. It looks at what people think about stigmatized health issues and assess young adult’s health seeking behaviors.

3.5 RESEARCH OBJECTIVES

3.5.1 General Objective

- To study the stigma and health seeking behavior among young adults.

3.5.2 Specific Objectives

- To study the socio-demographic profile of the target population.
- Assess the level of stigma related to general health within the target population.
- To assess the level of wellness among the study participants.
- To study the health-seeking behaviors exhibited by the target population in various contexts.

3.6 DEFINITION OF CONCEPTS

3.6.1 Stigma

- **Conceptual Definition:** Stigma can be understood as a social process involving the labeling, stereotyping, and discrimination against individuals or groups based on perceived deviations from societal norms or expectations. It encompasses the negative attitudes, beliefs, and behaviors directed towards individuals with stigmatized characteristics, often resulting in social exclusion, reduced opportunities, and adverse psychological effects (Goffman, 1963)
- **Operational Definition:** Stigma is understood as the pervasive social phenomenon wherein individuals facing health challenges encounter prejudice, discrimination, or negative perceptions from others due to their health conditions or wellness practices.

3.6.2. Health Seeking Behavior

- **Conceptual Definition:** Health-seeking behavior refers to the actions, decisions, and strategies individuals undertake to maintain, improve, or restore their health and well-being. It encompasses a wide range of activities, including seeking professional medical care, adopting preventive measures, engaging in self-care practices, and utilizing alternative or complementary therapies (Andersen & Newman, 1973).
- **Operational Definition:** Health-seeking behavior refers to the actions, decisions, and strategies individuals employ to address their health concerns, navigate healthcare systems, and access appropriate medical care.

3.6.3 Wellness

- **Conceptual Definition:** Wellness can be conceptualized as a holistic state of well-being encompassing physical, mental, emotional, and social dimensions, as well as a sense of purpose and fulfillment in life. It involves actively pursuing activities and behaviors that promote health, vitality, and resilience, while also recognizing and addressing the interconnectedness of individual and environmental factors that influence overall health and quality of life (Hettler, 1980).
- **Operational Definition:** Wellness is understood as a holistic state of physical, mental, and social well-being, encompassing not only the absence of illness but also the presence of positive health outcomes and a sense of fulfillment in various aspects of life.

3.6.4 Young Adulthood

- **Conceptual Definition:** Young adults, as conceptualized by Arnett (2000), represent a developmental stage characterized by transitions from adolescence to adulthood, typically spanning from late adolescence (approximately ages 18-25) to the mid-30s. This period is marked by increased autonomy, identity exploration, and the pursuit of educational, career, and relational goals. Young adulthood is often associated with significant life changes, including entering the workforce, pursuing higher education, establishing intimate relationships, and forming independent living arrangements.
- **Operational Definition:** Young adulthood is defined as a transitional life stage characterized by individuals typically aged between 18 to 35 years.

3.6.5 Stigmatized Wellness

- **Conceptual Definition:** Stigmatized wellness refers to the societal devaluation and discrimination experienced by individuals due to their health conditions or wellness practices that deviate from societal norms. This concept, rooted in social constructionist theory, emphasizes the labeling, stereotyping, and marginalization of individuals based on perceived deviations from idealized standards of health and well-being. Stigmatized wellness encompasses a wide range of conditions and behaviors, including mental illness, chronic diseases, disabilities, and alternative wellness practices, leading to reduced access to healthcare, social exclusion, and adverse psychosocial consequences (Link & Phelan, 2001).
- **Operational Definition:** Stigmatized wellness is conceptualized as the societal marginalization and discrimination experienced by individuals due to their

  health conditions or wellness practices perceived as deviating from societal norms.

3.7 UNIVERSE

All young adults in the age group 18years to 35 years within India.

3.8 SAMPLING POPULATION

All young adults in the age group 18 years to 35 years from India residing in Delhi and Kerala.

3.9 SAMPLING

For our research on "Stigma and Health Seeking Behavior: A Study Among Young Adults," we used purposive sampling. This means we specifically chose participants who are young adults aged 18 to 35 living in Delhi and Kerala, India. The sampling size for study is 85 young adults.

3.10 RESEARCH DESIGN

This study adopts a descriptive research design with quantitative study. We have developed a self constructed questionnaire comprising validated scales and measures to assess stigma perceptions, health-seeking behaviors, and socio-demographic characteristics. Ethical considerations will prioritize obtaining informed consent and ensuring confidentiality.

3.11 INCLUSION & EXCLUSION CRITERIA

3.11.1. Inclusion Criteria

- Age Range: Individuals aged 18 to 35 years old will be included in the study.
- Consent: Participants must willingly provide informed consent to participate in the study.
- Gender Inclusivity: Both male and female participants will be included in the study.

3.11.2. Exclusion Criteria

- Age Range: Participants outside the defined age range for young adults (e.g., 18 to 35 years old) will be excluded from the study.
- Consent: Individuals who do not provide informed consent to participate in the study will be excluded.

- Literacy: Participants who are unable to read and write themselves will be excluded, as the study involves written surveys or interviews.
- Incomplete Data: Participants who fail to provide complete data within the specified time frame for data collection will be excluded from the analysis.

3.12 HYPOTHESIS

To assess the relationship between gender and stigma.

HYPOTHESIS [H1]: Gender significantly influences the level of stigma experienced by young adults when seeking healthcare services

NULL HYPOTHESIS [H0]: Gender does not have a significant impact on the level of stigma experienced by young adults when seeking healthcare services

3.13 TOOL OF DATA COLLECTION

The tool chosen for data collection in this research study is a questionnaire schedule. Self-constructed questions were used in the questionnaire to ensure the research addressed specific aspects of interest and provided tailored insights into the Stigma and Health Seeking Behavior of Young Adults.

3.14 METHOD OF DATA COLLECTION

Questionnaire method were used in the research. This method was selected to gather first-hand and reliable information directly from the respondents, allowing for a comprehensive exploration of the business and family lives of self-employed women. Prior consent was taken before filling the forms of the participants.

3.15 DATA ANALYSIS AND INTREPRETATION

Data analysis and interpretation of collected data is through the Statistical Package for Social Sciences (SPSS) Version 23, 2015 software. Analyzed data is interpreted and represented through charts and tables.

3.16 LIMITATIONS

While this study provides valuable insights into the relationship between stigma and health-seeking behavior among young adults in Kerala and Delhi, several limitations should be acknowledged. While purposive sampling allowed us to select participants intentionally, it may have introduced selection bias, impacting the generalizability of our findings beyond the chosen sample. Additionally, the reliance on self-reported data may be subject to response bias, as participants may provide socially desirable responses or inaccurately recall their experiences. Our sample was limited to young adults aged 18 to 35 in Delhi and Kerala, India, which may not fully represent the diversity of experiences across different age groups or regions.

3.17 CHAPTERISATION

Chapter 1: Introduction

Chapter 2: Review of literature

Chapter 3: Research Methodology

Chapter 4: Data Analysis & Interpretation

Chapter 5: Findings, Suggestions and Conclusion

CHAPTER 4

ANALYSIS AND INTERPRETATION

4.1 SOCIO DEMOGRAPHIC PROFILE

4.1.1 Age

TABLE 4.1 AGE

1.	N	Minimum	Maximum	Sum	Mean	Std. Deviation
Age	85	18	42	2113	24.86	4.337
Valid N (listwise)	85					

The age distribution of participants in our study on "Stigma and Health Seeking Behavior: A Study Among Young Adults" reveals valuable insights into the demographic characteristics of our sample. Among the 85 participants included in the analysis, ages ranged from 18 to 42 years, with an average age of approximately 24.86 years. This indicates that the majority of participants fall within the young adult age range, aligning with the focus of our study. The total sum of ages across all participants was 2113 years, reflecting the collective age composition of our sample. Furthermore, the standard deviation of approximately 4.337 years suggests some variability in ages among participants, but the majority clustered around the mean age. While our study primarily targets young adults, the inclusion of participants up to 42 years old provides a broader perspective on stigma and health-seeking behavior across different age groups within the young adult population. Overall, these findings highlight the diverse age distribution among participants and underscore the importance of considering age-related factors in our analysis of stigma and health-seeking behavior among young adults.

4.1.2 Gender

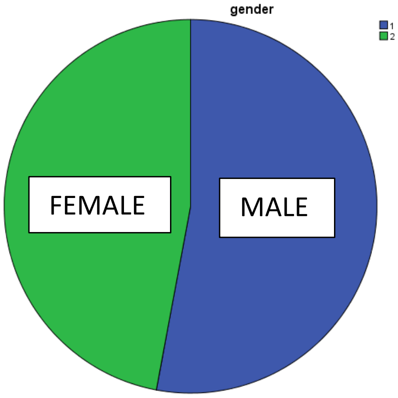

FIG 4.1 GENDER

The gender distribution of a sample of 85 individuals is shown in the data. In numerical representation, the categories are frequently represented as '1' for male and '2' for female. Among the participants in this sample, 45 (52.9%) are categorized as male and 40 (47.1%) as female. This indicates that there is a somewhat greater percentage of men in the sample than women. The proportion of genders seems to be fairly balanced, with a small numerical border for men. This information is essential for understanding the composition of the sample in terms of gender and can provide context for further analyses or interpretations within the dataset.

4.1.3 Marital Status

TABLE 4.2 MARITAL STATUS

	Frequency	Percent
	1	1.2
Single	62	72.9
Married	16	18.8
Unmarried	4	4.7

Divorced	2	2.4
Total	85	100.0

The data presented demonstrates the distribution of marital status among a sample of 85 individuals, with every marital status represented by a unique code. The values in this dataset denote the status of an individual as single, married, unmarried or divorced. According to the analysis, the majority of sample participants (72.9%) are classed as single. This implies that the majority marital status in this category is single. Of the 16 participants in the sample, 18.8% fall into category marriage. The group of people classified as unmarried makes up a smaller portion of the sample (4.7%). Moreover, 2.4% of people are categorized as having a divorced status.

4.1.4 Educational Background

TABLE 4.3 EDUCATIONAL BACKGROUND

	Frequency	Percent
Primary School	1	1.2
Secondary School	4	4.7
Undergraduate	14	16.5
Post graduate/other	66	77.6
Total	85	100.0

With regard to a sample of eighty-five people, the data provides information about their educational backgrounds. The individuals are coded according to various education levels. Most of this sample (77.6%) fit into education category post graduate/other suggesting that this group has probably attained a high level of education. This implies that a significant portion of the sample has achieved higher education beyond what generally comes with a high school education or an undergraduate degree. Furthermore, a significant portion of the population, 16.5% of whom fall under education group undergraduate, have a moderately advanced degree of education. The sample is split more thinly between education groups secondary school (4.7%) and primary school (1.2%). With a noticeable concentration at higher education levels, this distribution shows the variety of educational backgrounds within the sample.

4.1.5 Occupation

TABLE 4.4 OCCUPATION

	Frequency	Percent
employed	37	43.5
unemployed	11	12.9
business	6	7.1
student	31	36.5
Total	85	100.0

The data given shows the distribution of occupations among a sample of 85 individuals divided into various groups according to number codes. Occupation category 'employed' comprises the majority of persons (43.5%) and is the largest occupational group in the sample. subsequently occupation category 'student' makes up a sizable fraction of the sample (36.5%), indicating that respondents engage in yet another common form of employment. The sample falls into the 'unemployed' (12.9%) and 'business' (7.1%) occupation groups in smaller amounts. This distribution, which reflects a range of work sectors and positions, emphasizes the diversity of occupational backgrounds within the examined population. Understanding labor dynamics, economic activity, and potential relationships between occupations and other demographic or behavioral traits that may affect research outcomes or analytical conclusions all depend on an analysis of occupational demography.

4.1.6 Annual Income

TABLE 4.5 ANNUAL INCOME

	Frequency	Percent
Rs.0 to Rs 1,00,000	53	62.4
Rs. 2,00,000 to Rs. 5,00,000	27	31.8
Rs. 5,00,000 and above	5	5.9
Total	85	100.0

The data that appears shows how an individual sample of 85 people who are divided into various income bands is distributed in terms of annual income. Sixty-four percent of the sample's participants make between Rs. 0 and Rs. 1, 00, 000 per year, which suggests that lower-class people predominate in this category. Furthermore, 31.8% of people have annual incomes between Rs. 2,00,000 and Rs. 5,00,000, which is an important percentage of the moderately income group. 5.9% of the sample had an annual income of Rs. 5, 00,000 or more, which is a smaller percentage and indicates a higher income minority. The examined population exhibits a notable variation in income distribution, which may have consequences for financial stability, living standards, and resource accessibility.

Analyzing income distribution is vital for understanding socio-economic dynamics and their potential influence on various outcomes, behaviors, and disparities within the studied population.

4.1.7 DOMICILE

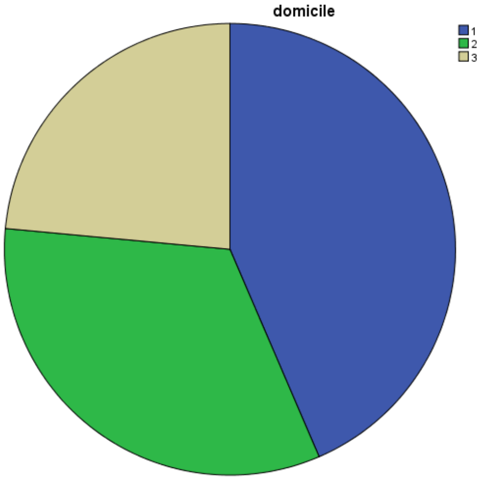

FIG 4.2 DOMICILE

The information given shows the distribution of domiciles among a sample of 85 people, with each individual's domiciles or geographic locations 'urban,' 'semi urban,' and 'rural' in this dataset probably correspond to particular domicile categories. The distribution shown below can be obtained by interpreting this data: Household category 'urban' comprises 37 out of 85 persons, or 43.5% of the total, making it the most common domicile in the sample. After this, there is a noteworthy subset of the sample consisting of 32.9% of persons (28 out of 85) who fall under the domicile category 'semi urban'. The percentage of people who fall under domicile group 'rural' is lower—23.5%, or 20 out of 85. With differing concentrations across various home locations, this distribution illustrates the diversity of domicile sites among the surveyed sample.

4.2. Assess the level of stigma related to general health within the target population

4.2.1 The general public stigmatizes individuals with health conditions

TABLE 4.6

	Frequency	Percent
never	11	12.9
rarely	15	17.6
sometimes	34	40.0
often	21	24.7
always	4	4.7
Total	85	100.0

Responses to a statement about how the public stigmatizes people with health conditions are represented in the data. Responses are ranked from 1 to 5, with higher scores denoting greater agreement with the statement. According to the analysis of this data, a sizable percentage of respondents—40.0% somewhat agreeing, or a score of '3', and 24.7% agreeing, or a score of '4'—tend to agree with the statement. And 4.7% of respondents strongly agree (rated '5'). On the other hand, 17.6% and 12.9%, respectively, slightly and strongly disagree (rated as 'never' and 'rarely') with the statement. This distribution implies that although some people disagree or strongly disagree with the idea that people with health issues are stigmatized, a sizable percentage of respondents recognize or believe the existence of stigma in society. Addressing and mitigating health-related stigma is crucial for promoting inclusivity, supporting individuals with health challenges, and fostering a more empathetic and understanding community.

4.2.2 People in your community hold negative attitudes towards those with health issues.

TABLE 4.7

	Frequency	Percent
never	16	18.8
rarely	21	24.7
sometimes	39	45.9
often	7	8.2
always	2	2.4
Total	85	100.0

The data shows ratings on a scale of 1 to 5 for responses to a statement regarding negative attitudes towards people with health concerns in a community. Higher scores suggest stronger agreement with the statement. According to the data's interpretation, a sizable proportion of respondents generally agree that there are unfavorable views in their society. In particular, the statement was somewhat agreed with by 45.9% of respondents (ranked as '3'), somewhat disagreed with by 24.7% (rated as 'rarely'), and strongly disagreed by 18.8% (scoring as 'never'). In addition, the statement is supported by 8.2% of respondents (rated as "4"), while a lesser minority (2.4%) strongly supports it (ranked as "5"). According to this distribution, the majority of respondents believe that there are differing degrees of prejudice against people with health problems in their community, highlighting the importance of addressing stigma and fostering greater empathy and support for those facing health challenges. Efforts to raise awareness, educate, and promote inclusivity can contribute to creating a more compassionate and understanding community environment.

4.2.3 Experienced any form of discrimination or negative treatment due to your health condition.

TABLE 4.8

	Frequency	Percent
never	43	50.6
rarely	15	17.6
sometimes	22	25.9
often	4	4.7
always	1	1.2
Total	85	100.0

The information displayed is based on replies to a question about encounters with prejudice or unfavorable treatment because of medical issues. Responses were graded on a scale of 1 to 5, with higher scores denoting more frequent encounters with discrimination. Based on the data interpretation, it can be shown that a significant number of participants (50.6%) had experienced discrimination or unfavorable treatment because of their health condition, as indicated by a score of 'never' on the scale. Furthermore, a considerable proportion of respondents—47.7%—scoring '4' for major discrimination, compared to a lesser percentage of respondents—17.6%—who scored 'rarely'—who scored '3'—25.9%—who reported severe discrimination. Only 1.2% of respondents said they had personally experienced severe discrimination (rated '5'). This distribution emphasizes how common discrimination is based on health conditions among respondents, underscoring the importance of addressing and mitigating discriminatory practices to ensure inclusivity, equality, and respect for individuals with health challenges within society.

4.2.4 You feel comfortable discussing your health condition openly with others.

TABLE 4.9

	Frequency	Percent
never	18	21.2
rarely	8	9.4
sometimes	36	42.4
often	14	16.5
always	9	10.6
Total	85	100.0

Responses to a statement about how comfortable people are talking openly about their health conditions with others are reflected in the data, which is graded on a scale of 1 to 5, with higher scores denoting greater comfort. According to the analysis of this data, a sizable percentage of respondents (42.4%), represented by a score of '3' on the scale, feel reasonably comfortable talking about their health status in public. Furthermore, a significant proportion of respondents—21.2%—score 'never' for slightly uncomfortable, compared to lower percentages who score 'rarely' for moderately unpleasant or '4' for fairly comfortable. 10.6% of respondents rate their comfort level (a '5') at being very open about their health. This distribution highlights the significance of encouraging respondents to feel comfortable sharing information about their health condition at different levels.

4.2.5 You avoid disclosing information about your general health due to fear of judgment or stigma

TABLE 4.10

	Frequency	Percent
never	32	37.6
rarely	16	18.8
sometimes	30	35.3
often	6	7.1
always	1	1.2
Total	85	100.0

The information displayed is based on replies to a statement regarding withholding general health information from disclosure out of fear of stigma or judgement. Responses were scored on a range of 1 to 5, with higher scores denoting stronger avoidance. According to the interpretation of this data, a sizable proportion of respondents (37.6%) intentionally withhold health information out of fear of being judged or stigmatized; this is reflected by a score of 'never' on the scale. Moreover, 35.3% of respondents reported feeling somewhat avoidant (rated as '3'), although lesser percentages reported little (7.1% scored as '4') or moderate (18.8% scored as 'rarely') avoidance. A small percentage (1.2%) significantly avoid disclosure because they worry about being judged or stigmatized (rated a '5'). This distribution highlights how common stigma is and how it affects Individuals' willingness to share health information openly, highlighting the importance of creating supportive and non-judgmental environments to foster open communication and reduce stigma associated with health conditions. Efforts to promote empathy, understanding, and acceptance can contribute to empowering individuals to share health information without fear of negative repercussions or discrimination.

4.2.6 You feel supported by friends and family regarding your general health.

TABLE 4.11

	Frequency	Percent
never	6	7.1
rarely	6	7.1
sometimes	13	15.3
often	18	21.2
always	42	49.4
Total	85	100.0

The information displayed is based on ratings given on a scale of 1 to 5 for how much friends and family have helped with general health assistance; higher scores suggest stronger feelings of support. When it comes to their overall health, the majority of respondents (49.4%), as indicated by a score of '5' on the scale, feel strongly supported by friends and family. Furthermore, 21.2% of participants reported feeling considerably supported (rated as '4'). In contrast, comparatively smaller percentages reported feeling slightly supported (15.3% scored as '3') or little supported (7.1% each scored as 'never' and 'rarely'). This distribution shows a favorable trend, with a sizable percentage of respondents reporting strong social network support for their health. Having friends' support and family can have positive impacts on well-being and coping with health challenges, emphasizing the importance of fostering supportive relationships and networks within communities to enhance overall health and quality of life.

4.2.7 You internalize negative beliefs or attitudes about your general health condition.

TABLE 4.12

	Frequency	Percent
never	29	34.1
rarely	13	15.3
sometimes	35	41.2
often	7	8.2
always	1	1.2
Total	85	100.0

Responses to a statement about internalizing negative views or attitudes about one's overall health condition are reflected in the data. Responses are graded on a scale of 1 to 5, with higher scores denoting stronger internalization of negative beliefs. Based on the data interpretation, it can be concluded that a considerable proportion of participants (41.2%) admit to having internalized negative thoughts or attitudes towards their health status, as indicated by a score of '3' on the scale. Furthermore, moderate internalization is reported by 34.1% of respondents (rated as 'never'), but limited internalization (15.3% scored as 'rarely') and severe internalization (8.2% scored as '4') are expressed by lower numbers of respondents. A small percentage (1.2%) substantially internalizes unfavorable perceptions (rated as '5') concerning their state of health. This distribution highlights the detrimental effects of negative ideas and self-perceptions.

4.2.8 You have ever felt a sense of shame or embarrassment related to your health.

TABLE 4.13

	Frequency	Percent
never	41	48.2
rarely	14	16.5
sometimes	25	29.4
always	5	5.9
Total	85	100.0

The information given is based on replies to a statement concerning feelings of embarrassment or shame regarding one's health. The responses are ranked from 1 to 4, with higher scores denoting stronger sentiments of embarrassment or shame. According to the data interpretation, a substantial proportion of participants (48.2%) reported having felt embarrassed or ashamed about their health, as denoted by a score of 'never' on the rating system. Furthermore, a considerable proportion of respondents—5.9%—score '4'—express moderate feelings of shame or humiliation, while a smaller percentage—29.4%—report some level of these feelings (rated as '3'). Conversely, 16.5% of respondents score 'rarely' or '3'. This distribution emphasizes how people's health issues affect their emotions, showing how common negative emotions like shame and embarrassment in relation to health challenges. Addressing feelings of shame and promoting self-acceptance and compassion are important aspects of supporting individuals in managing their health conditions and enhancing overall well-being and quality of life.

4.2.9 You feel comfortable seeking healthcare services without fear of judgment or discrimination.

TABLE 4.14

	Frequency	Percent
never	8	9.4
rarely	4	4.7
sometimes	19	22.4
often	16	18.8
always	38	44.7
Total	85	100.0

The information displayed is based on ratings given on a scale of 1 to 5, with higher numbers denoting greater comfort, to a statement about how comfortable one is in getting medical care without worrying about prejudice or condemnation. Interpretation of the data reveals that a sizable majority of respondents (44.7%), as indicated by a score of '5' on the scale, feel extremely comfortable receiving healthcare services without fear of prejudice or judgement. Furthermore, while lesser percentages feel minimally comfortable (9.4% scored as 'never' and 4.7% scored as 'rarely') or considerably comfortable (18.8% scored as '4'), 22.4% of respondents feel fairly comfortable (scoring as '3'). This distribution emphasizes how crucial it is to establish welcoming, nonjudgmental healthcare facilities so that people feel empowered to get the essential medical care without fear of negative repercussions or discrimination based on their health condition. Promoting healthcare settings that prioritize respect, empathy, and patient-centered care is essential for improving health outcomes and overall well-being among individuals facing health challenges.

4.2.10 You have ever delayed seeking medical help due to concerns about how you might be treated.

TABLE 4.15

	Frequency	Percent
never	36	42.4
rarely	17	20.0
sometimes	25	29.4
often	5	5.9
always	2	2.4
Total	85	100.0

Answers to a question regarding postponing getting medical attention because of worries about potential treatment are shown in the data. Responses are graded on a scale of 1 to 5, with higher scores denoting stronger concerns. Based on the data interpretation, a considerable percentage of participants (42.4%) had postponed seeking medical assistance because of these apprehensions, as denoted by a score of 'never' on the rating system. Furthermore, a proportion of 29.4% of participants indicate a degree of delay (ranked as '3'), but comparatively smaller segments indicate moderate (20.0% scored as 'rarely') or major delay (5.9% rated as '4' and 2.4% scored as '5') in seeking medical assistance because of treatment-related worries. This distribution emphasizes how people's perceptions of stigma, discrimination, or bad experiences can affect their willingness to access healthcare services in a timely manner. Addressing these concerns through education, advocacy, and promoting patient-centered care is crucial for ensuring equitable access to healthcare and improving health outcomes for all individuals.

4.3 Evaluate the level of wellness among the study participants to gain insights into their overall well-being.

4.3.1 I am satisfied with my physical health.

TABLE 4.16

	Frequency	Percent
Strongly disagree	4	4.7
disagree	7	8.2
neutral	29	34.1
agree	30	35.3
Strongly agree	15	17.6
Total	85	100.0

Responses to a statement on satisfaction with physical health are represented in the data, which is graded on a scale of 1 to 5, with higher scores denoting greater satisfaction. The analysis of this data shows that a majority of respondents (35.3%) report being fairly satisfied with their physical health, as indicated by a score of '4' on the scale. Additionally, 34.1% of respondents feel somewhat content (rated as '3'), while lesser percentage express minimal happiness (8.2% scored as '2') or great satisfaction (4.7% scored as '1'). A considerable percentage (17.6%) also report high satisfaction (rated as '5') with their physical health. This distribution emphasizes respondents' differing degrees of satisfaction with their physical health, highlighting the subjectivity of well-being and personal assessments of health. Recognizing contributing elements

Influencing satisfaction with physical health can inform interventions and strategies aimed at promoting overall well-being and addressing specific health concerns within populations.

4.3.2 I am satisfied with my ability to perform my daily living activities.

TABLE 4.17

	Frequency	Percent
Strongly disagree	4	4.7
disagree	8	9.4
neutral	18	21.2
agree	39	45.9
Strongly agree	16	18.8
Total	85	100.0

Responses to a statement regarding satisfaction with one's capacity to carry out activities of daily living are reflected in the data presented. Responses are graded on a scale of 1 to 5, with higher scores showing greater satisfaction. According to the data interpretation, a considerable proportion of participants (45.9%) express moderate satisfaction with their capacity to carry out activities of daily living, denoted by a score of '4' on the rating scale. Furthermore, a proportion of 21.2% of respondents rate their level of satisfaction as somewhat (rated as '3'), but comparatively lesser percentages report minimal (rated as '2') or high (rated as '5') contentment. Few people (4.7%) say they are not very satisfied (score of '1') with their capacity to carry out activities of daily living. This distribution illustrates respondents' differing satisfaction levels with their functional abilities, indicating individual perspectives on physical capabilities and independence in daily life. Understanding factors influencing satisfaction with daily living activities can inform rehabilitation efforts, assistive interventions, and supportive services aimed at optimizing functional outcomes and enhancing quality of life for individuals facing health challenges.

4.3.3 I am satisfied with my financial situation to meet my needs

TABLE 4.18

	Frequency	Percent
Strongly disagree	8	9.4
disagree	11	12.9
Neutral	33	38.8
agree	25	29.4
Strongly agree	8	9.4
Total	85	100.0

A scale from 1 to 5 is used to measure respondents' satisfaction with their financial condition in relation to their demands; higher scores denote higher satisfaction. The data presented is based on replies to this statement. Based on the data interpretation, the majority of respondents (38.8%) said that they were fairly satisfied (score of '3' on the scale) with their financial condition in relation to meeting their demands. Furthermore, 29.4% of respondents describe their level of happiness with their financial condition as moderate (ranked as a "4"), compared to lower percentages that report limited (12.9%) or great (9.4% each scoring a "1" and a "5") pleasure. This distribution illustrates respondents' differing satisfaction levels with their financial situation, which reflects personal opinions on their level of financial stability and the availability of enough resources to meet their fundamental necessities. Understanding factors influencing financial satisfaction can inform policies and interventions aimed at improving financial literacy, access to resources, and economic stability to enhance well-being and quality of life for individuals facing health challenges.

4.3.4 I am satisfied with my opportunities for exercise and leisure

TABLE 4.19

	Frequency	Percent
Strongly disagree	9	10.6
disagree	15	17.6
neutral	24	28.2
agree	31	36.5
Strongly agree	6	7.1
Total	85	100.0

On a scale of 1 to 5, with higher scores denoting greater satisfaction, respondents were asked to rate their level of satisfaction with possibilities for exercise and leisure. The replies are reflected in the data shown. According to the data interpretation, a considerable proportion of participants (36.5%) express moderate satisfaction with their chances for physical activity and leisure, denoted by a score of '4' on the rating system. Furthermore, 28.2% of respondents rate their level of satisfaction with their chances for exercise and leisure as "somewhat," while smaller percentages report minimum (17.6%) or high (10.6%) satisfaction (scores of "1" and "5"). This distribution, which reflects respondents' unique choices and availability, reveals differing degrees of satisfaction with respondents' access to recreational activities and exercise options. Understanding factors influencing satisfaction with exercise and leisure opportunities can inform community planning, recreational programming, and public health initiatives aimed at promoting active lifestyles and enhancing overall well-being for individuals facing health challenges.

4.3.5 I am satisfied with my access to health services

TABLE 4.20

	Frequency	Percent
Strongly disagree	4	4.7
disagree	5	5.9
neutral	15	17.6
agree	51	60.0
Strongly agree	10	11.8
Total	85	100.0

On a scale of 1 to 5, with higher scores denoting greater satisfaction, respondents were asked to rate their level of satisfaction with access to health care. The replies are reflected in the data that is provided. According to the analysis of this data, a significant portion of respondents (60.0%)—represented by a score of '4' on the scale—report being extremely satisfied with their access to health services. In addition, 17.6% of respondents indicate that they are moderately satisfied (ranked as '3'), but lesser percentages indicate that they are either very satisfied (scoring as '2' by 5.9% of respondents) or somewhat satisfied (scored as '1' by 4.7% and '5' by 11.8%) with their access to health care. This distribution emphasizes how crucial it is to identify and remove obstacles to healthcare access as they are seen by those who are dealing with health issues. Recognizing the elements that affect how satisfied people are with health service access can inform policies and interventions aimed at improving healthcare delivery, reducing disparities, and enhancing overall health outcomes for individuals within communities.

4.3.6 I am satisfied with the quality of my sleep over the past weeks

TABLE 4.21

	Frequency	Percent
Strongly disagree	10	11.8
disagree	12	14.1
neutral	20	23.5
agree	33	38.8
Strongly agree	10	11.8
Total	85	100.0

On a scale of 1 to 5, with higher scores denoting greater satisfaction, the replies to a statement regarding satisfaction with the quality of sleep during the previous weeks are represented in the data. Based on the data interpretation, it can be shown that the majority of participants (38.8%) express moderate satisfaction with the quality of their sleep, denoted by a score of '4' on the scale. Furthermore, 23.5% of respondents rate their level of contentment with their sleep as somewhat (ranked as '3'), whilst smaller percentages report minimum (14.1% scored as '2') or high (11.8% each scored as '1' and '5') satisfaction. This distribution highlights the respondents' varied experiences and views of restfulness and sleep patterns, as well as their differing degrees of contentment with the quality of their sleep. Understanding factors influencing sleep quality and satisfaction can inform strategies and interventions aimed at promoting better sleep hygiene, managing sleep disorders, and improving overall well-being for individuals facing health challenges.

4.3.7 I am satisfied with the quality of my social life over the past weeks

TABLE 4.22

	Frequency	Percent
Strongly disagree	3	3.5
disagree	8	9.4
neutral	21	24.7
agree	39	45.9
Strongly agree	14	16.5
Total	85	100.0

The information displayed is based on ratings given on a scale of 1 to 5 for how satisfied people were with their social life over the previous few weeks. Higher ratings suggest higher levels of satisfaction. According to the data interpretation, a considerable proportion of participants (45.9%) express moderate satisfaction with the caliber of their social life, denoted by a score of '4' on the rating system. Furthermore, a number of respondents—24.7%—score their level of satisfaction with their social life as fairly satisfactory ('3'), compared to lesser percentages who express limited pleasure ('2') or high satisfaction ('1' and '5', respectively, with their social life quality. This distribution, which reflects respondents' individual experiences and levels of pleasure with social interactions and connections, perceptions of social engagement and support. Understanding factors influencing social satisfaction can inform interventions aimed at promoting social connections, enhancing community participation, and improving overall well-being for individuals facing health challenges.

4.3.8 I am satisfied with my mental well-being over the past weeks.

TABLE 4.23

	Frequency	Percent
Strongly disagree	7	8.2
disagree	9	10.6
neutral	29	34.1
agree	31	36.5
Strongly agree	9	10.6
Total	85	100.0

The information shown is based on ratings given on a scale of 1 to 5 for satisfaction with mental health during the last several weeks. Higher ratings suggest higher levels of satisfaction. According to the data's interpretation, a sizable fraction of participants (36.5%) express moderate satisfaction with their mental health, denoted by a score of '4' on the rating system. Further, 34.1% of respondents evaluate their level of satisfaction with their mental health as somewhat (rated as '3'), compared to lower percentages who report minimal (10.6% scored as '1' and 10.6% scored as '5') or low to moderate (10.6% scored as '2') levels of satisfaction. This distribution highlights the respondents' varied experiences and perceptions of emotional stability, resilience, and general psychological well-being. It also highlights their differing levels of satisfaction with their mental health. Understanding factors influencing mental well-being and satisfaction can inform mental health promotion efforts, support services, and interventions aimed at enhancing coping strategies and improving overall quality of life for individuals facing health challenges.

4.3.9 I am satisfied with my relationships with close family members in the past week

TABLE 4.24

	Frequency	Percent
Strongly disagree	3	3.5
disagree	4	4.7
neutral	25	29.4
agree	32	37.6
Strongly agree	21	24.7
Total	85	100.0

The information displayed is based on ratings given on a scale of 1 to 5 for how satisfied people were with their relationships with close family members during the previous week. Higher ratings reflect higher levels of satisfaction. Based on the data interpretation, the majority of respondents (37.6%) said that they were fairly satisfied (a score of '4' on the scale) with their connections with close family members. Furthermore, about their relationships with close family members, 29.4% of respondents feel somewhat content (rated as '3'), although lesser numbers express limited pleasure (3.5% scored as '1' and 4.7% scored as '2') or extreme satisfaction (24.7% scored as '5'). The distribution illustrates respondents' differing satisfaction levels with family connections, which are a reflection of their unique experiences and family dynamics. Understanding factors influencing family relationship satisfaction can inform family-centered interventions and support services aimed at strengthening communication, fostering positive connections, and improving overall family well-being for individuals facing health challenges.

4.3.10 I am satisfied with the quality of my diet over the past week.

TABLE 4.25

	Frequency	Percent
Strongly disagree	5	5.9
disagree	14	16.5
neutral	36	42.4
agree	21	24.7
Strongly agree	9	10.6
Total	85	100.0

The information displayed is based on replies to a question concerning a person's level of satisfaction with their food during the previous week. Responses are graded on a scale of 1 to 5, with higher scores denoting greater satisfaction. Based on the data analysis, it can be observed that a considerable percentage of participants (42.4%) express moderate satisfaction with the caliber of their food, denoted by a '3' rating on the scale. Furthermore, a proportion of respondents indicate that they are fairly satisfied (rated as '4') with the quality of their diet, compared to lesser proportions who express little satisfaction (rated as '1' and 16.5% as '2') or high satisfaction (10.6% as '5'). This distribution illustrates respondents' differing degrees of satisfaction with their eating habits, reflecting personal attitudes, eating patterns and nutritional intake. Understanding factors influencing dietary satisfaction can inform nutrition education, dietary counseling, and interventions aimed at promoting healthier eating habits and improving overall nutritional well-being for individuals facing health challenges.

4.4 Health-seeking behaviors within the target population across different contexts and analyzes how mass media influences perceptions and behaviors related to health within the community.

4.4.1 What sources of information do you usually consult for the health related issues

TABLE 4.26

	Frequency	Percent
Healthcare professionals	59	69.4
internet	15	17.6
Family and friends	8	9.4
others	3	3.5
Total	85	100.0

The information provided demonstrates the resources that respondents looked to for advice on matters pertaining to their health. When looking for health information, the majority of respondents (69.4%) typically visit one primary source. This implies depending on one reliable source exclusively for assistance or advice on health matters. Just 17.6% of respondents consulted two sources, 9.4% consulted three sources, and just 3.5% consulted four sources, indicating a lower percentage of respondents that consult several sources. The aforementioned distribution highlights the significance of pinpointing and comprehending the primary health information source within this demographic, as it may impact health-related cognition, actions, and decision-making procedures. Examining the characteristics and reliability of the main source of information might shed light on the efficiency and accessibility of community-based health communication channels.

4.4.2 How much does the severity of your symptoms influence your decision to seek medical help?

TABLE 4.27

	Frequency	Percent
Not at all	10	11.8
slightly	16	18.8
moderately	55	64.7
Very much	4	4.7
Total	85	100.0

On a scale of 1 to 4, higher scores denote a larger influence of symptom severity, the data presented represents respondents' perceptions on how their symptoms' severity influences their decision to seek medical attention. According to the data's interpretation, a sizable majority of respondents (64.7%) believe that their decision to seek medical attention is significantly influenced by the intensity of their symptoms (rated as '3'). Furthermore, 18.8% of respondents say that the intensity of their symptoms has a moderate influence (ranked as '2'), whilst lesser percentages say that the influence is low (11.8% scored as '1') or significant (4.7 percent scored as '4') on their decision to seek medical attention. This distribution emphasizes how crucial symptom perception and severity are in encouraging people to seek appropriate healthcare, emphasizing the need for effective symptom management and timely access to medical services based on individual health concerns and experiences. Understanding factors influencing health-seeking behaviors related to symptom severity can inform healthcare strategies and interventions aimed at promoting early detection, diagnosis, and treatment of health conditions within the community.

4.4.3 To what extent do you rely on advice from friends or family when deciding to seek medical help?

TABLE 4.28

	Frequency	Percent
Not at all	11	12.9
slightly	18	21.2
moderately	52	61.2
Very much	4	4.7
Total	85	100.0

On a scale of 1 to 4, higher scores suggest greater reliance, the data presented represents respondents' decisions to seek medical treatment based on recommendations from friends or family. According to the analysis of this data, the majority of respondents (61.2%) depend heavily (rated as '3') on recommendations from friends or family when deciding whether to seek medical attention. Furthermore, a moderate dependence (ranked as '2') is indicated by 21.2% of respondents, whilst lesser numbers express limited reliance (scoring as '1') or strong reliance (scored as '4') on advice from friends or relatives. This distribution emphasizes how interpersonal connections and social networks shape health-seeking behaviors, highlighting the importance of unofficial support networks in the process of making healthcare decisions.

4.4.4 To what extent does fear of medical procedures prevent you from seeking medical help?

TABLE 4.29

	Frequency	Percent
Not at all	32	37.6
slightly	16	18.8
moderately	37	43.5
Total	85	100.0

On a scale of 1 to 3, higher scores denote a stronger impact of dread, the data presented shows respondents' perceptions of how much their fear of medical procedures keeps them from seeking medical treatment. According to the data's interpretation, a sizable fraction of respondents (43.5%) believe that their dread of medical procedures has a major influence (rated as '3') on their decision to forgo obtaining medical attention. Furthermore, 18.8% of respondents report that their willingness to seek medical aid is moderately impacted (ranked as '2') by their dread of medical procedures, compared to 37.6% of respondents who report a severe influence (rated as '1'). This distribution shows how fear and worry associated with medical procedures affect people's decision to seek healthcare, emphasizing how important it is to address patients' worries.

4.4.5 How much do you trust the information you find on the internet when making decisions about your health?

TABLE 4.30

	Frequency	Percent
Not at all	22	25.9
slightly	25	29.4
moderately	37	43.5
Very much	1	1.2
Total	85	100.0

On a scale of 1 to 4, higher scores denote greater trust, the data presented shows respondents' levels of trust in online sources of information while making health-related decisions. Based on the data interpretation, a noteworthy segment of the participants (43.5%) exhibit a moderate degree of trust (rated as '3') in the health-related material they discover online. Furthermore, 25.9% of respondents report having little faith (ranked as '1) in health information obtained from the internet, and 29.4% of respondents express a considerably lower level of trust (rated as '2). A very tiny proportion (1.2%) said they have a high level of confidence (rated as '4') in online health resources. This distribution shows how different people's levels of confidence and mistrust in internet-based health information underscoring the importance of promoting health literacy, critical thinking, and access to reliable sources of information to support informed decision-making and empower individuals in managing their health. Understanding perceptions of internet-based health information can inform strategies for enhancing digital health literacy and ensuring that individuals have access to accurate and trustworthy resources for health-related decisions.

4.4.6 To what extent do you believe that information obtained from healthcare professionals is more reliable than other sources?

TABLE 4.31

	Frequency	Percent
Not at all	8	9.4
slightly	6	7.1
moderately	54	63.5
Very much	17	20.0
Total	85	100.0

On a scale of 1 to 4, higher scores suggest a greater degree of belief in the reliability of healthcare professionals. The data presented represents respondents' opinions regarding the validity of information gleaned from healthcare professionals in comparison to other sources. According to the data interpretation, a significant proportion of participants (63.5%) hold the belief that information gathered from healthcare experts is more trustworthy than that from other sources, with a score of '3'. Furthermore, compared to other sources, 20.0% of respondents indicate a strong belief (ranked as '4'), whereas lesser numbers indicate minimum belief (9.4% rated as '1') or moderate belief (7.1% scored as '2') in the reliability of healthcare experts. This distribution demonstrates the confidence and trust that people have in healthcare providers as reliable information sources.

4.4.7 How much do cultural beliefs impact your health-seeking behavior?

TABLE 4.32

	Frequency	Percent
Not at all	33	38.8
slightly	14	16.5
moderately	35	41.2
Very much	3	3.5
Total	85	100.0

On a scale of 1 to 4, the data shows respondents' opinions on the extent to which their cultural views influence their behavior when seeking health care; higher scores denote a stronger influence from cultural beliefs. According to the data's interpretation, a sizable fraction of respondents (41.2%) believe that their cultural values have a major influence (rated as '3') on their behavior when seeking health care. Furthermore, 38.8% of participants report that cultural beliefs have a substantial impact (ranked as '1'), whereas 16.5% report a moderate impact (rated as '2') on their approach to seeking medical attention. A smaller portion (3.5%) claim that cultural ideas have little influence (rated as '4') on the behavior of obtaining health care. This distribution emphasizes the significance of culturally sensitive healthcare decision-making by underlining the impact of cultural ideas and values.

4.4.8 To what extent do societal norms influence your decision to seek medical help?

TABLE 4.33

	Frequency	Percent
Not at all	27	31.8
slightly	16	18.8
moderately	41	48.2
Very much	1	1.2
Total	85	100.0

On a scale of 1 to 4, higher scores suggest a larger influence of societal norms, and the data presented represents respondents' thoughts on how these norms affect their decision to seek medical attention. According to the data's interpretation, a sizable majority of respondents (48.2%) believe that society standards have a big impact (rated as '3') on their decision to seek medical attention. Furthermore, 18.8% of respondents express a moderate influence (ranked as '2') and 31.8% of respondents indicate a strong influence (rated as '1') of societal standards on their behavior when seeking health care. A very tiny proportion (1.2%) claim that society standards had no influence (rated as '4') on their choice to seek medical attention. This distribution emphasizes how important social and cultural elements are healthcare decision-making, highlighting the importance of addressing societal norms and perceptions in promoting equitable access to healthcare and supporting informed health behaviors within communities. Understanding the influence of societal norms on health-seeking behavior can inform strategies for promoting health education, advocacy, and policy initiatives that align with diverse cultural contexts and values.

4.4.9 To what extent do you intend to utilize health-related mobile applications or online platforms for managing your health?

TABLE 4.34

	Frequency	Percent
Not at all	18	21.2
slightly	23	27.1
moderately	42	49.4
Very much	2	2.4
Total	85	100.0

On a scale of 1 to 4, higher scores denote greater intent, the data presented represents respondents' plans to use health-related mobile applications or internet platforms for managing their health. According to the data's interpretation, the majority of respondents (49.4%) indicate a strong intention to use online or mobile health-related platforms to manage their health (rated as '3'). Furthermore, of those surveyed, 27.1% expressed a moderate aim to use these platforms (ranked as '2'), whereas 21.2% expressed a minimal intent (rated as '1'). Just 2.4% of respondents indicate they have a high intent (rated as '4') to use health-related internet or mobile platforms. This distribution emphasizes the significance of the growing interest in digital health solutions for healthcare administration leveraging technology to empower individuals in monitoring and improving their health outcomes. Understanding intentions to use health-related mobile applications or online platforms can inform the development and implementation of innovative digital health tools and interventions aimed at promoting health engagement and self-management within diverse populations.

4.4.10 To what extent does the accessibility of healthcare information through technology influence your health-seeking decisions?

TABLE 4.35

	Frequency	Percent
Not at all	10	11.8
slightly	23	27.1
moderately	51	60.0
extremely	1	1.2
Total	85	100.0

On a scale of 1 to 4, higher scores denote greater influence, the data presented shows respondents' thoughts on how the availability of healthcare information through technology affects their decisions to seek medical attention. According to the data's interpretation, the majority of respondents (60.0%) believe that having access to healthcare information via technology significantly influences (rated as '3') their decisions about obtaining medical attention. Furthermore, it was found that 27.1% of participants reported a moderate influence (rated as '2') from technology-driven healthcare information accessibility, and 11.8% expressed a little influence (rated as '1') from this source on their decision-making. Approximately 1.2% of respondents indicate that technological accessibility has a significant impact (rated as '4') on their decisions related to seeking health care. This dissemination emphasizes how digital health resources and tools are influencing healthcare behaviors, highlighting the importance of leveraging technology to enhance health literacy, facilitate informed decision-making, and improve access to healthcare services. Understanding the impact of technology-enabled healthcare information accessibility can inform strategies for promoting digital health adoption and integration into healthcare delivery models, ultimately empowering individuals to make informed choices and engage in proactive health management.

4.4.11 How much does your financial situation influence your ability to access healthcare services?

TABLE 4.36

	Frequency	Percent
Not at all	13	15.3
slightly	15	17.6
moderately	54	63.5
Very much	3	3.5
Total	85	100.0

Assessed on a scale of 1 to 4, with higher scores denoting greater influence, the data presented indicates respondents' thoughts on how much their financial condition effects their capacity to acquire healthcare services. According to the data's interpretation, the majority of respondents (63.5%) believe that their capacity to acquire healthcare services is significantly impacted by their financial condition (rated as '3'). Furthermore, 17.6% of respondents say that financial considerations have a moderate influence (ranked as '2'), while 15.3% say that financial reasons have a minor influence (rated as '1') on their ability to receive healthcare. Merely 3.5% of respondents indicate that their financial circumstances have a significant impact (rated as a "4") on their capacity to obtain medical care. This distribution highlights the influence of socioeconomic conditions on the availability of healthcare, emphasizing the challenges faced by individuals with limited financial resources in seeking and obtaining necessary healthcare. Understanding the influence of financial constraints on healthcare access can inform policies and interventions aimed at reducing healthcare disparities, improving affordability, and promoting equitable access to essential health services for all individuals within the community.

4.4.12 To what extent does the availability of affordable healthcare options impact your health-seeking decisions?

TABLE 4.37

	Frequency	Percent
Not at all	9	10.6
slightly	13	15.3
moderately	60	70.6
Very much	3	3.5
Total	85	100.0

On a scale of 1 to 4, higher scores denote a bigger impact, the data presented represents respondents' thoughts on how the availability of cheap healthcare options influences their decisions to seek medical attention. According to the data's interpretation, the majority of respondents (70.6%) believe that having access to reasonably priced healthcare choices significantly influences (rated as '3') their decisions to seek medical attention. Further, 15.3% of participants report a moderate influence (rated as '2'), and 10.6% report a minimum influence (rated as '1') of cost-effective healthcare solutions on their decision-making. A very little proportion (3.5%) claim that cheap healthcare options have a significant influence (rated as '4') on their decisions to seek medical attention. This distribution emphasizes how important healthcare affordability is in determining healthcare access and utilization, highlighting the

Importance of ensuring cost-effective and accessible healthcare services to promote equitable health outcomes. Understanding the impact of affordable healthcare options on health-seeking decisions can inform healthcare policy and planning efforts aimed at improving healthcare affordability and addressing barriers to healthcare access within communities.

COMPARISON OF VARIABLES

HYPOTHESIS [H1]: Gender significantly influences the level of stigma experienced by young adults when seeking healthcare services

NULL HYPOTHESIS [H0]: Gender does not have a significant impact on the level of stigma experienced by young adults when seeking healthcare services.

Group Statistics

TABLE 4.38

	stigma 5	N	Mean	Std. Deviation	Std. Error Mean
gender	never	32	1.34	.483	.085
	rarely	16	1.50	.516	.129

TABLE 4.39

		t-test for Equality of Means						
		t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
							Lower	Upper
gender	Equal variances assumed	-1.033	46	.307	-.156	.151	-.461	.148
	Equal variances not assumed	-1.010	28.344	.321	-.156	.155	-.473	.161

The statistical analysis presented in the table explores the relationship between gender and the level of stigma experienced by young adults when seeking healthcare services, a key focus of your research on stigma and health-seeking behavior among young adulthood. The mean stigma scores for male college students who reported "never" experiencing stigma (1.34) and those who reported experiencing stigma "rarely" (1.50) suggest a slight difference in perceived stigma levels between the groups.

The t-test results provide insights into the hypothesis that gender significantly influences stigma levels in healthcare-seeking behavior among young adults. In both the equal variances assumed and not assumed scenarios, the p-values (0.307 and 0.321, respectively) exceed the typical alpha level of 0.05. Therefore, we fail to reject the null hypothesis, indicating that gender does not have a statistically significant impact on the level of stigma experienced by young adults when seeking healthcare services based on this sample.

This finding suggests that within your study context, gender alone may not be a strong predictor of stigma experienced during healthcare-seeking behaviors among young adults. Other factors not captured in this analysis may play a more significant role in influencing stigma perceptions in healthcare settings.

CHAPTER 5

FINDINGS, RECOMMENDATIONS, IMPLICATIONS FOR PROFESSIONAL SOCIAL WORK PRACTICE

5.1 FINDINGS

5.1.1 SOCIO DEMOGRAPHIC PROFILE

- The age distribution of the sample predominantly comprises individuals in their early to mid-twenties, with the most common age group being 22 years old. This demographic skew towards young adulthood suggests that the study captures perspectives and experiences that are particularly relevant to this age cohort, a crucial stage for health behavior formation.
- The gender composition is relatively balanced, though slightly leaning towards males. This gender diversity is essential for examining how gender influences perceptions of stigma and healthcare utilization patterns among young adults.
- Marital status data reveals that a significant majority of the sample is single, reflecting the transitional life stage of young adulthood. Understanding how single status intersects with stigma experiences and health-seeking decisions is critical for designing targeted interventions.
- The high level of education attainment among the sample, with the majority having achieved advanced education levels, underscores the potential influence of educational background on health-related knowledge, attitudes, and behaviors.
- Occupational diversity within the sample indicates varied employment sectors and positions, which may impact access to healthcare services and experiences of stigma in work environments.
- The income distribution highlights economic disparities, with a substantial portion of the sample falling into lower income brackets. Financial constraints can be a significant barrier

to healthcare access and may exacerbate experiences of stigma associated with socioeconomic status.

- The domicile distribution shows geographic diversity, which can influence community resources, social support networks, and perceptions of health-related stigma.

5.1.2 STIGMA

- A notable proportion of respondents acknowledge the existence of societal stigma towards individuals with health issues. Approximately two-thirds of the sample (64.7%) either agree or somewhat agree that the general public stigmatizes those with health conditions. This perception underscores the prevalent awareness of negative attitudes and stereotypes prevailing in society, which can impact individuals' self-esteem and willingness to seek help.
- The data indicates that negative attitudes towards people with health problems are perceived within the community. Over 70% of respondents report varying degrees of agreement that community members hold unfavorable views towards individuals with health issues. This community-level stigma can contribute to social isolation and hinder support networks for those in need.
- Personal experiences of discrimination and negative treatment due to health conditions are prevalent among the respondents. Half of the participants (50.6%) have encountered discrimination, highlighting the real-world impact of stigma on individuals' lives. Discriminatory behaviors can lead to feelings of alienation and reluctance to engage with healthcare services or disclose health information openly.
- Despite some levels of discomfort or avoidance in discussing health conditions openly, a majority of respondents feel supported by friends and family regarding their health. This

social support is crucial for mitigating the detrimental effects of stigma and fostering resilience among individuals facing health challenges.

- Feelings of shame or embarrassment related to health conditions are widespread, with over three-quarters of respondents reporting such experiences. These negative emotions can further perpetuate stigma and discourage individuals from seeking timely medical help.
- Although most respondents feel comfortable seeking healthcare services without fear of judgment, a significant proportion (almost 40%) express concerns about mistreatment, leading to delayed health-seeking behaviors. This delay can have serious implications for health outcomes and underscores the need for healthcare settings that prioritize empathy and respect.
- The data on physical health satisfaction reveals a mixed perception among respondents, with a notable portion expressing moderate to high satisfaction (35.3% and 17.6%, respectively) with their physical well-being. This underscores the importance of subjective assessments of health and highlights the need for interventions that address individual health perceptions and concerns.
- A significant majority (45.9%) report moderate satisfaction with their ability to perform daily tasks, indicating a generally positive outlook on functional capabilities. This data underscores the importance of supporting individuals in maintaining independence and optimizing functional outcomes despite health challenges.
- While a sizable proportion (38.8%) report moderate satisfaction with their financial situation, there remains a subset (22.3%) expressing lower satisfaction (ratings of '1' or '2'). Understanding these disparities can inform policies and interventions aimed at promoting economic stability and addressing financial barriers to well-being.

- The majority (36.5%) express moderate satisfaction, highlighting the importance of access to recreational activities for overall well-being. Similarly, satisfaction with access to health services is notably high (60.0% highly satisfied), suggesting that most respondents perceive adequate access to healthcare as a positive factor contributing to their well-being.

5.1.3 WELLNESS

- Sleep quality satisfaction is moderately reported (38.8%), emphasizing the need for strategies to promote better sleep hygiene and address sleep-related issues among individuals facing health challenges.
- Social satisfaction is also notable, with a considerable majority (45.9%) expressing moderate satisfaction with their social life. This underscores the importance of social connections and highlights the potential role of social support in promoting overall well-being.
- Mental well-being satisfaction is moderately reported (36.5%), indicating varying levels of emotional stability and resilience among respondents. Efforts to promote mental health awareness and support services are essential to address psychological well-being.
- Satisfaction with family relationships is relatively high (37.6% satisfied), underscoring the importance of positive family dynamics in promoting overall well-being.
- Satisfaction with diet quality is notably moderate (42.4%), suggesting opportunities for nutrition education and interventions to promote healthier eating habits among young adults facing health challenges.
- The study highlights the predominant reliance on a single primary source of health information among respondents (69.4%), underscoring the significance of understanding and addressing the characteristics and reliability of this primary information source. This

reliance on a singular source may impact health-related cognition and decision-making processes within the community.

- The data demonstrates that the severity of symptoms significantly influences respondents' decisions to seek medical help, with a majority (64.7%) reporting that symptom severity plays a crucial role in their healthcare-seeking behaviors. This emphasizes the importance of effective symptom management and timely access to medical services based on individual health concerns and experiences.
- Interpersonal relationships play a substantial role in health-seeking behaviors, as indicated by the significant reliance on advice from friends or family (61.2%) when deciding to seek medical help. This underscores the influence of social networks and support systems in shaping healthcare decisions and highlights the importance of leveraging informal support networks in promoting health-seeking behaviors within the community.
- Fear of medical procedures emerges as a significant barrier to seeking medical help for a considerable portion of respondents (43.5%), underscoring the importance of addressing patient anxieties and fears associated with medical interventions to promote healthcare utilization.
- The study also reveals varying levels of trust in online health information, with a notable proportion of respondents (43.5%) exhibiting moderate trust in internet-based health resources. This emphasizes the need to promote health literacy and provide access to reliable online health information to support informed decision-making among individuals.

5.1.4 HEALTH SEEKING BEHAVIOR

- The data highlights the significant influence of healthcare professionals as trusted sources of information, with a majority (63.5%) considering information from healthcare experts more reliable than other sources. This underscores the importance of effective patient-provider communication and underscores the role of healthcare professionals in guiding health-related decisions within the community.

- Cultural beliefs and societal norms also play a substantial role in health-seeking behaviors, with a sizable proportion of respondents (41.2% and 48.2%, respectively) acknowledging the influence of cultural values and societal standards on their healthcare-seeking decisions. This underscores the need for culturally sensitive healthcare services and interventions that align with diverse cultural contexts and values to promote equitable access to healthcare.
- The study highlights the growing interest in utilizing health-related mobile applications or online platforms for managing health, with a majority (49.4%) expressing strong intent to use such digital health tools. This emphasizes the potential of technology-enabled solutions in promoting health engagement and self-management within the community.

5.2 RECOMMENDATIONS

- Given the predominant age group in the sample—comprising individuals in their early to mid-twenties—it's crucial to develop targeted interventions that focus on health behavior formation and decision-making during this critical life stage. Understanding how experiences and perceptions acquired during young adulthood influence long-term health behaviors can pave the way for effective health promotion strategies tailored to this age cohort.
- The gender composition of your sample, while relatively balanced with a slight lean towards males, highlights the need for gender-specific health programs. These

programs can delve into how gender influences perceptions of stigma and healthcare utilization p0atterns among young adults, ultimately leading to more tailored and effective interventions.

- Addressing stigma experiences is paramount, especially considering the intersectionality of single status, educational background, occupational diversity, and income distribution within your sample. Developing stigma-reduction interventions that mitigate the impact of societal perceptions on health-seeking decisions can be instrumental in promoting equitable access to healthcare.
- Leveraging geographic diversity identified in your study, community-based health education initiatives can play a vital role in promoting positive health behaviors and countering negative community perceptions. Engaging diverse social support networks can strengthen community resilience and enhance health outcomes among individuals facing economic disparities and transitional life stages.
- The growing interest in health-related mobile applications and online platforms underscores the importance of enhancing health literacy and providing reliable online health information. Investing in digital health initiatives can empower individuals to manage their health effectively, especially given the moderate levels of trust in online health resources among your respondents.
- Efforts to promote patient-centered healthcare and address concerns about mistreatment are essential in reducing barriers to seeking timely medical help. By enhancing patient-provider communication and fostering healthcare settings that prioritize empathy and respect, healthcare systems can better meet the needs of individuals facing health challenges.

- Advocating for policies that promote economic stability and address financial barriers to healthcare access is crucial. Understanding how affordability and availability of healthcare options influence health-seeking decisions can inform policy initiatives aimed at improving healthcare access and promoting equitable health outcomes.
- Developing holistic well-being initiatives that address subjective health perceptions, social connections, mental well-being, diet quality, and physical activity satisfaction is key to promoting overall well-being among individuals facing health challenges. By implementing culturally sensitive healthcare services that align with diverse cultural values and norms, healthcare systems can better address the impact of societal norms and cultural beliefs on healthcare-seeking behaviors.

5.3 IMPLICATIONS FOR PROFESSIONAL SOCIAL WORK PRACTICE

The findings and recommendations from your research study have significant implications for professional social work practice, particularly in addressing the complex interplay of individual, social, and systemic factors that influence health-seeking behaviors and well-being among young adults. Social workers play a crucial role in promoting equitable access to healthcare, reducing stigma, and fostering resilience within communities. Here are key implications for professional social work practice based on your study:

1. Stigma Reduction and Health Promotion: Social workers can implement targeted stigma-reduction interventions that address the negative attitudes and stereotypes prevalent in society towards individuals with health conditions. By collaborating with community stakeholders and implementing anti-stigma campaigns, social workers can promote positive health behaviors and empower individuals to seek timely medical help without fear of discrimination or social exclusion.

2. Culturally Competent Practice: Given the influence of cultural beliefs and societal norms on health-seeking behaviors, social workers should engage in culturally competent practice. This involves understanding and respecting diverse cultural values, beliefs, and practices related to health and illness. By tailoring interventions to align with cultural contexts, social workers can enhance the effectiveness of healthcare services and promote culturally sensitive care.

3. Advocacy for Affordable Healthcare: The study highlights financial constraints as a significant barrier to healthcare access. Social workers can advocate for policies that promote economic stability, improve healthcare affordability, and address financial barriers faced by individuals and families. By advocating for equitable access to healthcare services, social workers contribute to promoting social justice and reducing health disparities.

4. Enhanced Patient-Provider Communication: Social workers can facilitate improved patient-provider communication by promoting empathy, respect, and trust within healthcare settings. By advocating for patient-centered care and addressing concerns about mistreatment or discrimination, social workers help create healthcare environments that support individuals' health-seeking decisions and overall well-being.

5. Digital Health Literacy and Support: Given the growing interest in health-related mobile applications and online platforms, social workers can play a key role in promoting digital health literacy and providing support for individuals navigating online health information. By offering guidance on reliable sources of health information and advocating for accessible digital health resources, social workers empower individuals to make informed decisions about their health and well-being.

6. Holistic Well-Being Initiatives: Social workers can collaborate with multidisciplinary teams to develop holistic well-being initiatives that address subjective health perceptions, social connections, mental well-being, diet quality, and physical activity. By promoting comprehensive approaches to health and wellness, social workers contribute to enhancing overall well-being and quality of life among young adults facing health challenges.

In summary, professional social work practice should be informed by the findings and recommendations of your research study to effectively address the complex health and social needs of young adults. By advocating for stigma reduction, culturally competent care, affordable healthcare access, enhanced patient-provider communication, digital health literacy, and holistic well-being initiatives, social workers can make significant contributions towards promoting health equity and improving health outcomes within communities.

CONCLUSION

CONCLUSON

In conclusion, this research study sheds light on the critical intersection of stigma and health-seeking behavior among young adults, highlighting multifaceted factors that influence healthcare utilization and well-being. The findings underscore the pervasive impact of societal attitudes, cultural beliefs, and personal experiences of stigma on individuals' decisions to seek medical help. Stigma associated with health conditions not only deters individuals from accessing timely healthcare services but also contributes to feelings of shame, fear, and social isolation. Despite these challenges, the study reveals the importance of social support networks, trusted healthcare professionals, and emerging digital health resources in promoting health engagement and resilience.

Moving forward, addressing stigma and its implications for health-seeking behavior requires targeted interventions that promote stigma reduction, enhance cultural competence in healthcare, advocate for affordable healthcare options, and prioritize patient-centered communication. Social workers and healthcare professionals play a vital role in implementing these interventions to create inclusive and supportive healthcare environments that empower individuals to overcome barriers and make informed decisions about their health. By addressing stigma at individual, community, and systemic levels, we can foster equitable access to healthcare services and promote holistic well-being among young adults. This study underscores the urgency of collaborative efforts to combat stigma and promote positive health behaviors, ultimately striving towards a more inclusive and supportive healthcare system for all.

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APPENDIX

A. SOCIO-DEMOGRAPHIC QUESTIONNAIRE

1. Name
2. Age
3. Gender
    - ☐ Male
    - ☐ Female
    - ☐ Other
4. Marital Status
    - ☐ Single
    - ☐ Married
    - ☐ Unmarried
    - ☐ Divorced
5. Educational Background
    - ☐ Illiterate
    - ☐ Primary school
    - ☐ Secondary school
    - ☐ Undergraduate
    - ☐ Graduate
    - ☐ Post graduate/other
6. Occupation
    - ☐ Employed
    - ☐ Unemployed

- ☐ Business
- ☐ Student

7. Annual Income (in Rs.)
    - ☐ Rs.0- Rs.1,00,000
    - ☐ Rs.2,00,000- Rs.3,00,000
    - ☐ Rs.4,00,000-Rs.5,00,000
    - ☐ Rs.6,00,000 and above
8. Domicile
    - ☐ Urban
    - ☐ Semi urban
    - ☐ Rural
9. Email id
10. State/Country

B. STIGMA RELATED TO GENERAL HEALTH QUESTIONNARE

1. The general public stigmatizes individuals with health conditions
    - ☐ Never
    - ☐ Rarely
    - ☐ Sometimes
    - ☐ Often
    - ☐ Always
2. People in your community hold negative attitudes towards those with health issues.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

3. Experienced any form of discrimination or negative treatment due to your health condition.
   - ☐ Never
   - ☐ Rarely
   - ☐ Sometimes
   - ☐ Often
   - ☐ Always
4. You feel comfortable discussing your health condition openly with others.
   - ☐ Never
   - ☐ Rarely
   - ☐ Sometimes
   - ☐ Often
   - ☐ Always

5. You avoid disclosing information about your general health due to fear of judgment or stigma.
   - ☐ Never

- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

6. You feel supported by friends and family regarding your general health.
    - ☐ Never
    - ☐ Rarely
    - ☐ Sometimes
    - ☐ Often
    - ☐ Always
7. You internalize negative beliefs or attitudes about your general health condition.
    - ☐ Never
    - ☐ Rarely
    - ☐ Sometimes
    - ☐ Often
    - ☐ Always
8. You have ever felt a sense of shame or embarrassment related to your health.
    - ☐ Never
    - ☐ Rarely
    - ☐ Sometimes
    - ☐ Often
    - ☐ Always

9. You feel comfortable seeking healthcare services without fear of judgment or discrimination.
   - ☐ Never
   - ☐ Rarely
   - ☐ Sometimes
   - ☐ Often
   - ☐ Always
10. You have ever delayed seeking medical help due to concerns about how you might be treated.
    - ☐ Never
    - ☐ Rarely
    - ☐ Sometimes
    - ☐ Often
    - ☐ Always

C. WELLNESS QUESTIONNAIRE

1. I am satisfied with my physical health.
   - ☐ Strongly disagree
   - ☐ Disagree
   - ☐ Neutral
   - ☐ Agree
   - ☐ Strongly agree
2. I am satisfied with my ability to perform my daily living activities.

☐ Strongly disagree

☐ Disagree

☐ Neutral

☐ Agree

☐ Strongly agree

3. I am satisfied with my financial situation to meet my needs.

☐ Strongly disagree

☐ Disagree

☐ Neutral

☐ Agree

☐ Strongly agree

4. I am satisfied with my opportunities for exercise and leisure.

☐ Strongly disagree

☐ Disagree

☐ Neutral

☐ Agree

☐ Strongly agree

5. I am satisfied with my access to health services.

☐ Strongly disagree

☐ Disagree

☐ Neutral

☐ Agree

☐ Strongly agree

6. I am satisfied with the quality of my sleep over the past weeks.

   ☐ Strongly disagree

   ☐ Disagree

   ☐ Neutral

   ☐ Agree

   ☐ Strongly agree

7. I am satisfied with the quality of my social life over the past weeks.

   ☐ Strongly disagree

   ☐ Disagree

   ☐ Neutral

   ☐ Agree

   ☐ Strongly agree

8. I am satisfied with my mental well-being over the past weeks.

   ☐ Strongly disagree

   ☐ Disagree

   ☐ Neutral

   ☐ Agree

   ☐ Strongly agree

9. I am satisfied with my relationships with close family members in the past week.

   ☐ Strongly disagree

   ☐ Disagree

   ☐ Neutral

   ☐ Agree

- ☐ Strongly disagree

10. I am satisfied with the quality of my diet over the past week.

    - ☐ Strongly disagree
    - ☐ Disagree
    - ☐ Neutral
    - ☐ Agree
    - ☐ Strongly agree

D. HEALTH SEEKING BEHAVIOUR QUESTIONNAIRE

1. What sources of information do you usually consult for health-related issues? (Select all that apply)
    - ☐ Healthcare professionals(doctors, nurses,etc.,)
    - ☐ Internet
    - ☐ Family and friends
    - ☐ Books or pamphlets
    - ☐ Other (please specify)
2. How much does the severity of your symptoms influence your decision to seek medical help?
    - ☐ Not at all
    - ☐ Slightly
    - ☐ Moderately
    - ☐ Very much
    - ☐ Extremely

3. To what extent do you rely on advice from friends or family when deciding to seek medical help?
   - ☐ Not at all
   - ☐ Slightly
   - ☐ Moderately
   - ☐ Very much
   - ☐ Extremely
4. To what extent does fear of medical procedures prevent you from seeking medical help?
   - ☐ Not at all
   - ☐ Slightly
   - ☐ Moderately
   - ☐ Very much
   - ☐ Extremely
5. How much do you trust the information you find on the internet when making decisions about your health?
   - ☐ Not at all
   - ☐ Slightly
   - ☐ Moderately
   - ☐ Very much
   - ☐ Extremely
6. To what extent do you believe that information obtained from healthcare professionals is more reliable than other sources?

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Very much
- ☐ Extremely

7. How much do cultural beliefs impact your health-seeking behavior?
   - ☐ Not at all
   - ☐ Slightly
   - ☐ Moderately
   - ☐ Very much
   - ☐ Extremely
8. To what extent do societal norms influence your decision to seek medical help?
   - ☐ Not at all
   - ☐ Slightly
   - ☐ Moderately
   - ☐ Very much
   - ☐ Extremely
9. To what extent do you intend to utilize health-related mobile applications or online platforms for managing your health?
   - ☐ Not at all
   - ☐ Slightly
   - ☐ Moderately
   - ☐ Very much

- ☐ Extremely

10. To what extent does the accessibility of healthcare information through technology influence your health-seeking decisions?
    - ☐ Not at all
    - ☐ Slightly
    - ☐ Moderately
    - ☐ Very much
    - ☐ Extremely
11. How much does your financial situation influence your ability to access healthcare services?
    - ☐ Not at all
    - ☐ Slightly
    - ☐ Moderately
    - ☐ Very much
    - ☐ Extremely
12. To what extent does the availability of affordable healthcare options impact your health-seeking decisions?
    - ☐ Not at all
    - ☐ Slightly
    - ☐ Moderately
    - ☐ Very much
    - ☐ Extremely