

A Narrative Review of Health-Seeking Behaviour in Malaysia: Factors and Emerging Themes

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ABSTRACT

This article provides a critical assessment of research on health-seeking behaviour in Malaysia. As the topic is both medically and anthropologically relevant, this narrative review aims to collate and synthesise anthropological and medical studies conducted in Malaysia on health-seeking behaviour among different populations in the country. The specific goal of this narrative review is to identify the methodology employed in such studies, compile a list of medical conditions for which health-seeking behaviour has been researched, identify health-seeking barriers or determinants across studies, and highlight emerging trends in related research. Multiple databases were used to search for published materials on this topic by Malaysian researchers, such as PubMed, Scopus, and My Jurnal. A total of 39 studies were included in this review. 29 studies utilised quantitative designs, while the remaining studies utilised mixed-method and qualitative designs. Non-communicable diseases were studied more frequently than communicable diseases. The majority of reviewed studies were conducted in Peninsular Malaysia, with very few studies focusing on the populations of Sabah and Sarawak in East Malaysia. While all of the studies highlight the multidimensional factors that influence health-seeking behaviour in the context of Malaysia, the utilisation of technology for accessing health-related information and COVID-19-related studies has been identified as an emerging trend in the literature on health-seeking behaviour in this country.

Keywords: health-seeking behaviour, Malaysia, narrative review

INTRODUCTION

Health-seeking behavior is a complex and multifaceted phenomenon that has garnered significant attention in academic research worldwide. Health-seeking behavior is defined as any action or inaction undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy (Olenja, 2003). It comprises the identification of health-related problems, the decision-making process for seeking health treatment, and the implementation of subsequent measures to address these issues.

Health-seeking behavior plays a vital role in determining the overall health and well-being of individuals and communities, and its significance cannot be overstated. Effective health-seeking behavior can result in the early detection and treatment of ailments, thereby preventing the progression of diseases and decreasing morbidity and mortality rates. As one of the developing countries, Malaysia's healthcare system has undergone remarkable development since its inception, combining elements of the public and private sectors to create a comprehensive and efficient healthcare framework. It has garnered significant recognition for its

ability to provide accessible, affordable, and high-quality healthcare services to its diverse population.

According to the Ministry of Health (MOH), basic health care and services are available to around 70% of the population in Sabah and Sarawak and more than 95% of the population in Peninsular Malaysia. A total of 3171 clinics and 154 hospitals were distributed throughout the country as of 2020, with mobile clinic services available in distant locations. In Malaysia's private healthcare institutions, there were 7988 registered clinics and a total of 250 licensed hospitals, maternity homes, nursing homes, and hospices, which were primarily located in urban areas (Mohd Noh et al., 2022). Additionally, the government's efforts to modernize Malaysia's healthcare system under the Sixth Malaysian Plan have resulted in the deployment of electronic health records (EHRs), which principally aim to effectively handle patient data (Salleh et al., 2021). However, sustaining an equitable and efficient system is difficult due to shifting illness patterns and demographics, an aging population, the burden of non-communicable diseases, rising health care costs, and increasing demands for better health outcomes (Tahir et al., 2014).

As new trends and changes in health-seeking behavior emerged, research on health-seeking behavior in Malaysia began to take on a new dimension in examining how these changes impacted health outcomes. Various related terms have been used in a wide range of literature, such as health care decision making, healthcare seeking, help seeking, health seeking practices, and health beliefs. But all studies are centered on the same issue, which is the responses of patients to illness. This narrative review aims not only to compile existing academic literature on health-seeking behavior to reflect the growing interest in understanding the complex and dynamic nature of health-seeking behavior among the Malaysian population, but also to address the dearth of data and gaps in studies for future works.

METHODOLOGY

All archived and published materials included in this review were obtained from three online databases, namely PubMed, Scopus, and MyJurnal. Initially, the searches were performed using combinations of specific keywords and terms such as 'health-seeking behavior in Malaysia', 'treatment-seeking in Malaysia', or 'health-seeking' and 'treatment-seeking' in Malaysia. However, the searches resulted in very limited articles relating to health-seeking behavior in Malaysia. Hence, the search was expanded by using the broad term 'health behavior or 'health seeking behavior to gather more papers. The searches used a number of keywords and Boolean combinations such as "health seeking" OR "health seeking behavior" OR "treatment seeking behavior" OR "treatment seeking" AND "Malaysia*" OR health AND seeking AND behavior OR treatment AND seeking AND behavior AND Malaysia.

These searches were limited to online materials in English and included studies conducted from 2013 until 2023. In addition to the online search, a manual search and examination of the references listed in the identified research papers were conducted. All materials obtained from the searches were screened and reviewed for potential inclusion. Inclusion criteria applied in the reviewing process comprise studies conducted in Malaysia on the Malaysian population, research related to health-seeking behavior, and papers that were published in full manuscript. Duplicates, gray literature, and unrelated studies were removed. Any disagreement on the final list of papers included in the review was discussed and resolved by consensus.

FINDINGS

The selection process for this study is represented in the flowchart depicted in Figure 1. A total of 134 articles were found using the search technique. After the first screening of citations and titles, 17 duplicates were removed. A total of 72 titles and abstracts were reviewed for potential inclusion and 9 additional references identified by manual research in the reference lists were included. As in Figure 1, a total of 39 entries successfully met the stringent requirements and have been duly incorporated into this comprehensive

review.

As shown in Table 1, a wide range of methodologies have been utilized to collect data on health-seeking behavior, with quantitative cross-sectional designs (n = 39) being more frequent than qualitative designs (n = 26). Usually, data are collected through semi-structured or structured interviews using an administered questionnaire, and a handful of studies conducted during the COVID-19 pandemic utilized remote data collection via the phone, online, or other virtual platforms.

In terms of geographical coverage, the majority of studies were carried out in Peninsular Malaysia, such as Selangor, Klang Valley, and Kuala Lumpur. Only two studies specifically focused on the populations residing in East Malaysia’s Sabah region, whereas nine studies stated that they included the Sarawak population as part of their sampling unit. While most studies concentrated on urban and semiurban areas, there are a few that also covered rural populations in Kelantan and Negeri Sembilan (Ibrahim et al., 2019; Rani et al., 2019; Mohd Noh et al., 2022).

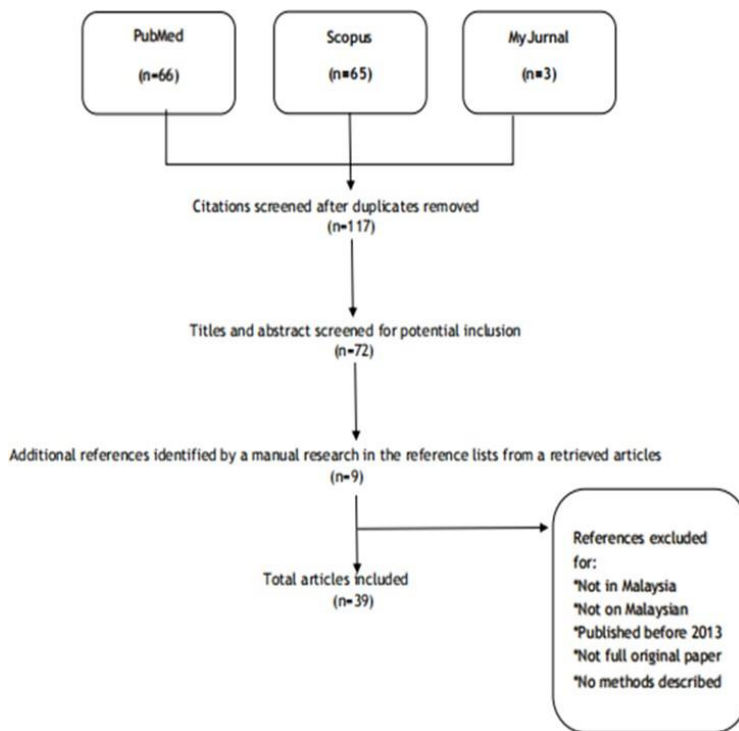


Figure 1. Diagram illustrating the process of selecting studies.

A wide range of medical disorders have been investigated, with 16 studies focusing on non-communicable diseases ranging from mental illness to hypertension, oral cancer to diabetes mellitus, asthma to cardiovascular disease, and other ailments. A total of 10 studies looked into communicable diseases such as COVID-19, Malaria, HIV, dengue, Pulmonary Tuberculosis, tick-borne, and bat-borne infections. Meanwhile, the rest of the studies in this review report on general health concerns, health-seeking trends among particular groups, and healthcare service utilization among the general population.

There is a common tendency for studies to concentrate on the act of utilizing ‘health care’ as officially defined within a given context (Tipping & Seagall, 1995). Using this approach, studies classify the numerous categories of barriers or factors that exist between patients and healthcare services. Secondly, there are studies that attempt to categorize the types of processes or pathways that are at play. This approach provides a way to identify critical points where individuals may experience a delay in accessing appropriate

healthcare (Mackian, 2003). Overall, most studies have attempted to document the perceived and intended health-seeking behavior of the general population when they develop a particular condition. Several categories and types of determinants that characterized Malaysians' health-seeking behavior were identified in the reviewed studies, and they are categorized as follows: socioeconomic, perceived severity of sickness, sociocultural, and psychosocial.

Table 1. A collection of studies conducted in Malaysia, selected for incorporation in this review.

No	Authors	Location	Population/participants	Methodology/approaches	Focus/Illness	Determinants of health-seeking behavior
1	Ramzan et.al (2019)	Seven suburban primary schools in Malaysia	46 carers (multiethnic)	Qualitative/In-depth interviews and focus group discussion	Asthma	Cultural practices and beliefs
2	Hanapi et.al (2019)	Rural areas in Malaysia	A 46-year-old man with chronic SCI	Qualitative/Case study	Spinal cord injury (SCI)	Poor educational level, background personality, and erratic health-seeking behavior, environmental factors such as poor family and financial support, physical barriers, lack of work opportunities and facilities for people with disability, poor community support and acceptance, and poor healthcare facilities and expertise
3	Ibrahim et.al (2019)	All over Malaysia	202 students from low income or B40 households	Cross-sectional study & quantitative questionnaire	Mental-illness	Self-stigma and low-income families
4	Arifin et.al (2018)	Kuantan	157 male aged 30 and above working in government sectors	Cross sectional study & quantitative survey questionnaire	Men's health (MH) disorders	Lack of awareness & service factor
5	Kisomi et.al (2019)	Eight government animal farms in Peninsular Malaysia	56 farmworkers Malaysians and over 18 years old with at least six months of service on the farm	Qualitative focus group discussions (FGD)s	Tick-borne diseases	Perception and lack of knowledge

6	CheeCheong et.al (2022)	Selangor	732 patients (61.5% men, 38.5% women)	Quantitative, cross-sectional study	Pulmonary Tuberculosis (pTB)	Gender, lower socioeconomic level, status of women
7	Naing et.al (2013)	Mantin, Negeri Sembilan	183 respondents	Quantitative, cross-sectional study	General	Education level, the quality of services at public health clinics and distance or physical access
8	Ramli et.al (2019)	Kuala Lumpur	50 methadone maintenance treatment (MMT) patients	Qualitative, Observational questionnaire-based study	Erectile dysfunction (ED)	The level of education and marital status
9	Arumugam et.al (2020)	Peninsular Malaysia	381 males 21 years old and above	Mixed methods, questionnaire and interview guide	General	Health literacy, stage when seeking treatment, preference for alternative treatment, the perceived threat of the illness, preference to self-treat, and the influence of family members
10	Rani et.al (2019)	Negeri Sembilan	480 respondents	Quantitative, Cross-sectional study, questionnaire /Kroeger's framework of health-seeking	General	Physical determinants, including demographic factors
11	Lim et.al (2022)	Kuala Lumpur	381 patients	Quantitative, cross-sectional, questionnaire/ Structural Influence Model	General	Higher levels of education, longer duration of internet use, and higher eHealth literacy
12	Munajat et.al (2021)	Kelantan	536 individuals of Org Asli community	Quantitative, Cross-sectional/knowledge, attitudes and practices (KAP)	Malaria	Level of knowledge and awareness
13	Yaacob et.al (2020)	Peninsular Malaysia	348 postmenopausal	Quantitative, cross-sectional study	Menopause	Age and severity of illness

14	Schliemann et.al (2021)	Across Malaysia	1895 adults aged ≥40 years	Quantitative, A cross-sectional telephone survey/ Awareness and Beliefs about Cancer questionnaire	Cancer	Difficulty in accessing a doctor, not recognising the symptom, ethnicity and education
15	Bahiyah et.al (2017)	Klang Valley	258 women	Quantitative, cross-sectional study/ Menopause Rating Scale questionnaire	Menopause	Severity of illness
16	Lee et.al (2020)	Selangor	512 participants	Quantitative, cross sectional survey	General	Age and level of education
17	Mohamed et.al (2019)	Pulau Tioman	300 participants	Questionnaire/ knowledge, attitudes and practices (KAP)	bats-borne diseases	Knowledge and type of occupation
18	Amin et.al (2022)	Malaysia	705 individuals	A cross-sectional study	General	Perceived usefulness
19	Azhar et.al (2018)	Malaysia	35 oral cancer patients	qualitative exploratory study, semi-structured in-depth interviews/ Self-Regulatory Model (SRM)	Oral cancer	Socio-economic factors, cultural beliefs, religious practices, low levels of public knowledge and GPs' misdiagnosis
20	Roslani et.al (2017)	Kuala Lumpur	1000 patients	Quantitative & questionnaires	Faecal incontinence	Severity of illness and social taboo
21	Palafox et.al (2018)	Selangor, Kelantan, Perak and Johor	600 households	mixed-methods, longitudinal, observational study	Hypertension	health system, service-related factors such as cost, distance to health facilities, and lack of social support.
22	Ariffin et.al (2014)	Gombak, Selangor	866 respondents	Quantitative	Dengue	Knowledge or health literacy
23	Chai et.al (2021)	Melaka	273 patients above 60 years old	Quantitative, cross sectional study, questionnaire	Depression	Education level
24	Mohd Noh et.al (2019)	Across Malaysia	10,484 participants	cross-sectional household survey/ Andersen's Behavioral Model of Health Care Utilization	General	Sociodemographic, enabling, and health need characteristics. Education level, employment status, self-rated health, and presence of at least one long-term condition

25	Ahadzadeh et.al (2017)	Kuala Lumpur	293 participants (women)	Quantitative, Questionnaire Technology Acceptance Model	General	Perceived usefulness and attitude
26	Low et.al (2016)	Selangor	twelve patients with Type 2 Diabetes Mellitus(T2DM), nine family members of the patients and five primary care doctors	Qualitative, in-depth interviews & focus group discussion/grounded theory methodology	Diabetes Mellitus	Triggers, the additional information to base a decision on which treatment modality to try, the “experimentation” itself, and the expected health outcomes of the experiment.
27	Alkhodary et.al (2022)	Across Malaysia	1006 participants	Cross-sectional study, quantitative	Cognitive frailty (CF)	Level of education
28	Lim et.al (2019)	Across Malaysia	3979 patients	Quality and Cost of Primary Care cross-sectional study	General	Gender and type of primary care setting
29	Su et.al (2020)	Kuala Lumpur	2,360 participants	Quantitative, questionnaire / e Cancer Awareness Measure (CAM)	Cancer	Emotional barriers
30	Ng et. Al (2023)	Malaysia	13 patients and 11 physicians	Qualitative, in-depth interviews and focus group discussion	Dengue fever	personal perceptions of symptom severity, social circumstances and service factor
31	Shoesmith et.al (2017)	Sabah	130 people	Qualitative, Focus group and individual interviews	Mental disorder	Beliefs about the cause of illness, beliefs about the acceptability and perceived efficacy of treatment options and potential stigmatising effect
32	Cheong et.al (2020)	Malaysia	397 participants	cross-sectional survey using mall intercept interviews	Cardiovascular disease	Personal and psychological factors such as attitude, perception and preparedness for CVD health checks

33	Kamsanet.al (2021)	Kuala Lumpur	1073 participants aged 60 years and above	Quantitative, retrospective study, cross-sectional	Knee Osteoarthritis	Socioeconomic status and gender
34	Chow et.al (2021)	Malaysia	36603 subjects	cross-sectional study, quantitative	Covid-19	Infrastructure
35	Shresta et.al (2020)	Malaysia	622 Malaysian men who have sex with men	cross-sectional online survey	HIV	Age, education and awareness
36	Marzo et. al (2022)	Selangor	381 individuals from the low-income group	quantitative cross-sectional study/ remote data collection (RDC)	General	Socioeconomic status
37	Vaithilingam et. al (2023)	Malaysia	117 respondents aged 18 years and above	Quantitative online self-administered questionnaires/ e health belief model (HBM) and the	Covid 19	Subjective norms and attitude
38	Jafar et.al (2022)	Sabah	1,024 respondents, aged 18 years and above	Quantitative, online and face-to-face questionnaire	Covid 19	Group demographics, such as employment status, level of education, religion, gender, and marital status
39	Ithnin et.al (2021)	Negeri Sembilan	324 participants	Quantitative, survey questionnaire	General	Perceived quality, access to health services, acceptance and attitude, and traditional medicine utilisation.

Factors Influencing Health-Seeking Behaviour

Socioeconomic factors

Notably, most studies indicate that a range of socioeconomic factors, including occupation, economic status, education level, access to services, and perceived service quality, affect people's choices over which medical services they utilize (Arifin et al., 2018; Arumugam et al., 2020; Azhar et al., 2018; Kisomi et al., 2019; Lee et al., 2020; Palafox et al., 2018; Ramli et al., 2019; Schlieman et al., 2021). It is reported that the utilization of public health clinics is significantly influenced by factors such as education level, accessibility to centers, and service quality (Naing et al., 2013). Meanwhile, individuals affected by chronic diseases in rural locations encounter an added barrier to accessing health services due to socioeconomic constraints such as low education and a lack of financial support, which may hinder the rehabilitation process (Hanapi et al., 2019). The delays in seeking treatment for serious medical conditions such as pulmonary tuberculosis and oral cancer were found to be associated with lower socioeconomic levels and the distance from home to the first health institution attended (Chee Cheong et al., 2022; Schlieman, 2021).

While most studies have found that physical determinants play a role in health-seeking behavior, a lack of

information and awareness about specific health concerns, such as tick-borne infections, bat-borne diseases, and oral cancer, has been linked with delayed or inadequate healthcare seeking (Azhar et al., 2018; Kisomi et al., 2018; Mohamed et al., 2019). In contrast, there is a wide body of evidence from studies that demonstrate a positive correlation between higher levels of education and better health-seeking behavior (Alkhodary et al., 2022; Arifin et al., 2018; Chai et al., 2021; Kamsan et al., 2021; Ramli et al., 2019).

Higher levels of education were linked with a higher likelihood of seeking treatment for erectile dysfunction (Ramli et al., 2019) and professional assistance for depression compared to those with no formal education (Chai et al., 2021). In line with studies conducted in other developing nations, improved education levels have been found to challenge traditional beliefs and positively influence the utilization of modern health treatments (Anwar et al., 2012). On the other hand, a study indicated that 72.7% of cognitive frailty patients had a low level of education, which could negatively affect them by reducing their knowledge and interest in the significance of a healthy lifestyle, health promotion, and disease prevention (Alkhodary et al., 2022).

Perceived severity of illness

Another common reason cited in most of the studies is related to the perceived severity or threat of illness (Ariffin et al., 2019; Ng et al., 2023; Ramdzan et al., 2019; Roslani et al., 2017; Yaacob et al., 2020). As for medical conditions and symptoms with a lesser degree of severity or not severe enough, findings indicated that patients normally opt for self-medication and will only pursue treatment from a healthcare professional when the condition is deemed severe' (Bahiyah et al., 2017; Ng et al., 2023; Ramli et al., 2019). In a study on men's health disorders, the study participants' subjective assessment of the severity of the disease becomes the deciding factor in choosing the type of treatment (Arumugam et al., 2020). Similarly, 96.6% of study participants with menopausal symptoms and urinary incontinence reported that the severity of their symptoms was not severe enough for them to require seeking medical advice (Yaacob et al., 2020). The review found that low perception regarding the severity of a medical condition may result in reduced self-efficacy and responsiveness towards preventing the condition, thereby elevating the risk of contracting the disease (Ng et al., 2023; Ramli et al., 2019).

Sociocultural factors

Consistent with findings from other developing nations, traditional remedies for the treatment of certain ailments are still prevalent in Malaysia. People choose folk and traditional remedies or providers in a variety of contexts, which demonstrates the strong influence of sociocultural practices and beliefs on one's health-seeking behavior. In a study of urban and rural Malay health-seeking behavior, more urban participants took traditional or complementary medication (Rani et al., 2019), and there is substantial evidence of the use of traditional medicine to treat malaria, diabetes, and dengue in some studies (Low et al., 2018; Munajat et al., 2021; Ng et al., 2023). Another study shows that cultural practices and beliefs in the effectiveness of complementary and alternative medicine (CAM) led to widespread use of CAM to treat childhood asthma (Ramdzan et al., 2019). Additionally, Azhar et al. (2018) discovered that seeking traditional healers rather than dentists in treating oral cancer was associated with socioeconomic factors, cultural beliefs, and religious practices. The use of traditional medicine has been deeply rooted in Malaysian culture and has been transmitted across generations. Therefore, it is imperative to advocate for the safe use and practice of traditional and complementary medicine (T&CM) as part of healthcare systems. Consequently, with the implementation of the T&CM Act, various T&CM practices, including herbal therapy, acupuncture, and traditional massages, have been integrated in some healthcare facilities, both public and private, as complementary therapeutic options (Mohd Noh et al., 2019).

There is also a wide body of evidence from the reviewed studies that suggests potential differences in health-seeking behavior between men and women (Arifin et al., 2019; Chee Cheong et al., 2022; Cheong et al., 2020; Lim et al., 2019). It has been noted that gender and type of primary care setting were significant

predictors of perceived community healthcare seeking behavior for both acute and preventive physical health concerns and mental health issues. Chee Cheong et al. (2022) cited that women are more likely than men to have a longer delay in seeking treatment for Pulmonary tuberculosis because they have a lower socioeconomic level, are less mobile, and have less authority to make choices. On the contrary, women tend to exhibit higher perceived healthcare seeking behavior compared to men, while men are found to be less likely to undergo health checks for cardiovascular disease (CVD) in comparison to women (Cheong et al., 2020; Lee et al., 2019).

Psychosocial factors

Psychosocial factors are the combination of psychological and social factors that impact how an individual seeks out healthcare. These factors have a major impact on individuals' perceptions, interpretations, and reactions to health-related matters. For instance, emotional barriers such as feelings of fear and worry about the result of the diagnosis were the most frequently cited barriers to obtaining care for cancer (Su et al., 2020). Similarly, a study revealed that self-stigma has a significant association with attitudes towards seeking help for mental health problems (Ibrahim et al., 2019). Since the stigma associated with mental illness, individuals were eager to seek advice from either friends and family or religious organizations (Chai et al., 2021). Additionally, beliefs about the origin of the illness, attitudes about the acceptability and perceived efficacy of treatment alternatives, and the potential stigmatizing effects of any labels all play a role in choosing which system of care to choose for mental disorders (Shoosmith et al., 2018).

The significance sequelae of health-seeking behavior research in Malaysia

This review suggests that there are two emergent themes in the literature. The first one highlights the increased use of modern media technologies to search for health-related information. The integration of technological advancement in the healthcare industry in Malaysia has led to a change in health-seeking behavior as individuals now have instant access to information and resources. Moreover, the use of mobile health (mHealth) technology to improve health outcomes is expanding globally with the introduction of numerous mHealth applications that enable patients to monitor their health and communicate virtually with healthcare professionals. The analysis of the literature yielded a number of studies that provide a critical assessment of the outcome of technological adaptation and its effect on health-seeking behavior (Lee et al., 2022; Lim et al., 2022; Marzo et al., 2022). Lee et al. (2022) revealed that while most of study participants sought health related information online on their mobile phones, the use of mHealth application still relatively low (Shrestha et al., 2020). And in addition to the ease of use, studies reported that perceived usefulness was associated with health information-seeking behavior via social media platforms (Ahadzadeh et al., 2017; Amin et al., 2022). Meanwhile, higher levels of education, a longer amount of time browsing the internet, and higher eHealth literacy were all found to be substantially linked with online health information seeking behavior (Lim et al., 2022). It has been proposed that the availability of mobile technology and applications such as mHealth could act as new tools for the prevention of HIV and other sexually transmitted diseases (STIs), as patients could search for information anonymously online to seek help (Shrestha et al., 2020). Therefore, more research on their acceptability and impact on health-seeking behavior is required to guide their application in health care delivery.

The literature reviews also revealed emergent themes regarding health-seeking behavior in the aftermath of the COVID-19 pandemic. The emergence of the COVID-19 pandemic has highlighted the significance of understanding health-seeking behavior in order to evaluate vaccine hesitancy among the Malaysian population. Jafar et al. revealed that six factors contribute to vaccine hesitancy in Sabah, including confidence, the influence of local authority, the ineffectiveness of mainstream media, complacency, social media, and convenience issues (Jafar et al., 2022). In contrast, another study demonstrates that subjective norms and attitudes are important mediators that may indirectly influence vaccination intention among unregistered individuals (Vaithilingam et al., 2023). A few studies have also shed light on the patterns and

determinants of individuals' healthcare-seeking behavior during this unprecedented period. For instance, Chow et al. (2021) found that the majority of patients who underwent COVID testing in private healthcare institutions were of a different demographic group that was not provided by the government's COVID-19 testing policy. In an effort to avert the spread of COVID-19, it is crucial that private healthcare institutions provide efficient and comprehensive testing facilities to alleviate the massive burden borne by the public and government healthcare services. Hence, a more effective pandemic emergency strategy is also essential to increase the reliability, accuracy, and inclusiveness of online health information on COVID-19, as well as digital access for demographic groups with lower income (Marzo et al., 2022).

DISCUSSION

Overall, there is a wide availability of descriptive studies on health-seeking behavior that focus solely on individuals as a purposive and decisive agent (MacKian, 2003) which recognizes that individuals' attitudes, beliefs, and perceptions are influenced by their cultural background, education level, social norms, and other enabling factors such as accessibility and economic status. Hence, the majority of the reviewed articles focused specifically on the utilization of healthcare services and the act of seeking 'health care' in a particular context. The majority of the reviewed article appears to have a limited emphasis on a dynamic, collective, and interactive aspect that could positively promote health-seeking behavior. MacKian (2003) argues for an approach that comprehensively examines the structural and organizational aspects of the healthcare system, specifically the patient-provider relationship and its influence on individuals' access to care. Rather than merely defining how individuals interact with services through health-seeking behavior, the author contends that we need to establish a tool for understanding how populations engage with health systems, such as social capital and reflexive communities (MacKian, 2003). Evidently, the reviewed articles indicate a lack of studies exploring this approach in depth, which warrants further investigation.

This review also suggests that, in terms of geographical coverage, there appear to be limited studies on health-seeking behavior in East Malaysia. Little study has been conducted to address the health-seeking behavior of marginalized populations, which include indigenous communities (Ithnin et al., 2021; Munajat et al., 2021), low-income households (Ibrahim et al., 2019; Marzo et al., 2022), and rural communities (Hanapi et al., 2019; Rani et al., 2019; Mohd Noh et al., 2022). Improving understanding of these particular groups is crucial to promoting an inclusive approach to healthcare policies in Malaysia. Through conducting extensive research and producing a wider array of results, policymakers can develop strategies that tackle the various obstacles encountered by these disadvantaged groups, which will result in equitable access to healthcare and improved health outcomes for the entire population. Additionally, given Malaysia's vast cultural diversity, research on health-seeking behavior must be expanded to include these understudied areas.

More studies pertaining to communicable diseases need to be explored. According to the recent report by MOH, there was a 30.7% rise in the prevalence of dengue fever among communicable diseases over a six-year period from 2011 to 2016 (MOH, 2018). Moreover, there was an approximate 20% increase in the occurrence of tuberculosis (TB) between 2010 and 2016 (MOH, 2018). Meanwhile, the emergence of a new pandemic, COVID-19, has caused great concern among health providers and the general population. Therefore, expanding studies to understand adaptation behavior, treatment-seeking predictors, and barriers for these diseases could help facilitate more effective health interventions and evidence-based policymaking. Similarly, there is evidence of an increase in the prevalence of non-communicable diseases such as diabetes mellitus and hypercholesterolemia (MOH, 2018), which calls for more studies in these areas. According to studies on diabetes prevalence around the world, the disease is still one of the most common in developing nations, including Malaysia. With the prevalence of lifestyle risk factors fluctuating in recent years, it is not surprising that hypercholesterolemia increased by 36% in 2015 (MOH, 2018). Additionally, MOH data shows that the high prevalence of mental issues among Malaysians has been an emergent issue for non-communicable disease in recent years, with an overall prevalence of 29% for those over the age of 16. The

rise in mental health problems has caused alarm and requires stepped-up remedial action. Existing research on effective interventions for the majority of the aforementioned conditions is extensive, and practice guidelines have been established on a local and global scale. However, more research pertaining to health-seeking behavior for these diseases is still required to determine the best approach to implementing health care delivery and policy interventions in the context of the Malaysian population.

In order to improve health-seeking behavior in Malaysia, a number of viable strategies can be implemented. In developing countries where the economy is expanding rapidly, Malaysia's societal resources, such as literacy rates and education levels, may not have kept up with the progress made in health services and human capital. In order to address these issues, it is recommended that efforts be made to enhance health literacy levels through the integration of health education into community events, workplaces, and public spaces. This can be achieved through the implementation of school-based health education initiatives and the establishment of public-private partnerships, with a particular focus on reaching populations residing in marginalized areas. The involvement of community leaders and organizations may foster a sense of ownership and accountability towards healthcare, thereby accommodating patients' preferences and cultural beliefs, which eventually results in improved health-seeking behavior. Furthermore, it is crucial to address the economic challenges faced by low-income individuals as they strive for improved health outcomes. This can be achieved by expanding health insurance coverage and providing subsidies or financial assistance to those with limited income. These measures will be crucial in ensuring that healthcare services are accessible to all individuals.

CONCLUSIONS

In conclusion, the article provides an overview of the factors that influence health-seeking behavior in Malaysia. It has been revealed that socioeconomic factors, such as financial status, level of education, access to services, and perceived service quality, substantially influence individuals' decisions to seek medical services. Health-seeking behavior is also influenced by physical determinants, a lack of knowledge and awareness, and the perceived severity of a medical condition. Individuals' decisions to pursue medical care are shaped by sociocultural factors, such as the use of traditional remedies and cultural beliefs. Variations in health-seeking behavior are further characterized by gender differences and psychosocial factors, such as stigma and attitudes towards seeking medical advice.

The article identifies several research gaps and areas for future study. There is a need for research examining the structural and organizational aspects of the healthcare system and how they influence individuals' access to care. To ensure equitable access to healthcare, the health-seeking behavior of marginalized populations, including indigenous communities, low-income households, and rural communities, requires further investigation. In addition, research on communicable and non-communicable diseases, such as dengue fever, tuberculosis, diabetes mellitus, hypercholesterolemia, and mental health issues, must be expanded in order to develop effective interventions and policies based on evidence.

The use of modern media technologies for health-related information and the influence of the COVID-19 pandemic are two emerging themes identified in the literature. The incorporation of technological innovations such as mobile health applications has altered health-seeking behavior and necessitated additional research. It is essential to comprehend health-seeking behavior during the COVID-19 pandemic, including vaccine reluctance and healthcare-seeking patterns, in order to develop effective strategies and interventions. By analyzing the determinants of health-seeking behavior, researchers can assess the underlying factors contributing to vaccine hesitancy in order to develop tailored interventions to address related issues and increase vaccine acceptance among the Malaysian population. Overall, the article emphasizes the complexity of health-seeking behavior in Malaysia and the significance of considering multiple factors when promoting healthcare utilization and enhancing health outcomes. To inform

healthcare policies and interventions that are tailored to the Malaysian population, additional research is required in a number of areas.

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