

A CROSS-SECTIONAL STUDY ON HEALTH SEEKING BEHAVIOUR AMONG RURAL WOMEN RESIDING AT TUTICORIN DISTRICT, TAMIL NADU

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ABSTRACT

Background: Rural women face challenges regarding their health care problems which make them more likely to have health related problems and affect their health-seeking behaviour. Hence this study is focused on factors affecting health-seeking behaviour at a rural area in south tamil nadu. **Materials and Methods:** Around 190 participants were interviewed by cross section study using a pretested semi-structured questionnaire about their health care seeking behaviour. The questionnaire comprises of socio-demographic factors, such as age, religion, marital status, education, and occupation etc. It also comprises questions regarding health care practices, health care seeking behaviour and reasons for availing government health care facilities. Data was collected by face to face interview method. **Results:** Analysis of health seeking behaviour of women when they fall sick revealed that majority did not approach for support (68.9%) while (26.8%) sought help from their husband and only (4.2%) approached either parents or neighbours and friends and P Value of 0.034 statistically significant between age groups and health seeking behaviour. **Conclusion:** The study revealed there is need to create health seeking behaviour awareness in rural sector and a significant portion of rural women seeks government facility and others based on quality care, reviews and decision of family members.

INTRODUCTION

The way people seek medical care when they are ill is known as their health seeking behaviour. Health care seeking behaviour means any action or inaction undertaken by individuals who perceive themselves to have health problem or to be ill for the purpose of finding an appropriate remedy.^[1] The health of women and girls is of particular concern because, in many societies, they are disadvantaged by discrimination rooted in sociocultural factors.

Women who are more vulnerable to health problems due to pregnancy and child birth and lack the empowerment for making decisions to seek health care. Available literature on women health emphasises that women's health seeking behaviour is complex and must be taken into account to formulate healthy public policies.^[2] The healthcare delivery system of a country determines the health-seeking behaviour of that country's population. One of the key factors in influencing women's empowerment is their level of education. Women who have an

education develop a sense of self-worth and are better able to make decisions and maintain health. This study was planned to assess the health care seeking behaviour among the rural women.

Aim of the study

1. To assess the health seeking behaviour among rural women.
2. To assess the factors affecting health seeking behaviour among rural women.

MATERIALS AND METHODS

Study design and subjects

This study was a community based cross-sectional study carried out in the catchment area of a primary health centre, in the month of June and July 2024 in six randomly selected villages which is attached to a tertiary care teaching hospital of south tamil nadu. Study participants were rural women aged 18 years and above. Necessary permissions and approvals were obtained before conducting the study.

Inclusion Criteria

Women who fulfill the following criteria:

1. Women aged above 18 years.
2. Women who are willing to participate in the study.

Exclusion Criteria

1. Women not willing to participate in this study.

Sample size and sampling technique

Sample size was estimated using formula $n = \{Z\}^2 pq/d^2$, it was calculated based on previous studies, 190 participants were included in this study. Inclusion and exclusion criteria were defined.

Study tool and data collection

The pre-tested semi-structured questionnaire was used as a study tool. The questionnaire comprises of socio-demographic factors, such as age, religion, marital status, education, and occupation etc. It also comprises questions regarding health care practices, health care seeking behaviour and reasons for availing government health care facilities. Data were collected by face to face interview method

Ethical considerations

The study participants were briefed about the purpose and nature of study. Informed written consent was obtained from the subjects before recording the data in the pre-tested semi-structured questionnaire. The study was approved by Institutional Ethics Committee.

Statistical Analysis

Obtained data were analysed with the help of Microsoft excel. Descriptive and inferential statistics was applied. Results were represented in suitable

tables. The statistical level of significance was fixed at $p < 0.05$.

RESULTS

This study aimed to investigate the awareness of health-seeking behaviour among rural women. The findings reveal a complex interplay of factors influencing how these women perceive and respond to health issues. Access to healthcare facilities was identified as a significant barrier, while social support networks played a crucial role in decision-making. It was inferred that the participants who were included was < 20 years 9 members and majority was 94 in the age group of 20 to 30 years, 54 belong to 31 to 40 years, 25 were between 41 to 50 years and 8 were in the age group of more than 50 years, finally the total 190 people were screened.

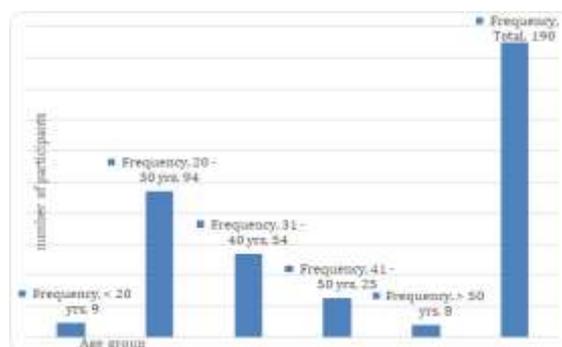


Figure 1: Graph showing age distribution among the study participants

Table 1: Table showing the percentage of women approach when fall sick

Fall sick	Frequency	Percentage
Take rest at home	36	18.9
Consult a doctor	140	73.7

Table 2: Table showing the percentage of women get permission from spouse/ other family members for medical care

Participants approach	Frequency	Percentage
To get permission	141	74.2
Own decision	112	58.9

Table 3: Table showing the percentage of women prefer to take treatment if accessing to health care

Take treatment	Government	Private
Frequency	122	65
Percentage	64.2	34.2

Table 4: showing on what basis you choose the facility

What basis they choose the facility	Frequency	Percentage
Distance from participants place: Yes (short distance)	140	73.7
Reviews from neighbours	47	24.7
Quality of care	74	38.9

Table 5: showing participants awareness about preference of nearby healthcare facility

	Frequency	Percentage
Awareness of nearby health care centre	152	80.0
Govt facility: Free of cost treatment, quality of treatment, decision of family members	151	79.5

Table 6: Association between Age group and health seeking behaviour of women when sick

Age Group	Don't Approach	Husband	Others (Parents & Friends)
< 20 Years	3	6	0
20-30 Years	72	19	3
31-40 Years	37	16	1
41-50 Years	14	8	3
>50 Years	5	2	1
Total	131 (68.9%)	51 (26.8%)	8 (4.2%)

Chi-square test $X^2 = 16.61$

Df (5-1) (3-1) = (4X2) = 8

P value = 0.034 significant.

There was a statistically significant association between age groups health seeking behaviour using chi square test (p value- 0.034) <0.05)

DISCUSSION

In this study out of 189 participants, 18.9% women will take rest at home and 73.7% will consult a doctor when they fall sick which is consistent with the study conducted by Hamzah et al 72.4%.^[3] Current study observed about 68.9% women do not approach anyone and 26.8% approach their spouse in current study, 68.9% having inhibition to discuss their health issues with their family members and 74.2% women need permission from their spouse or other members to seek treatment.

In a study conducted by Reddy et al, 35% women had problem in discussing about their health issue in the family and 42% women need permission to visit health facility.^[4] This study revealed that 58.9% women took own decision about seeking treatment during their illness whereas study conducted by Mian et al in Bangladesh 34.44% women took own decision for seeking health care.^[5] This study observed 64.2% of women prefers to go to government facility for seeking treatment which is consistent with the study conducted by Gopalakrishnan et al (62.5%).^[6]

Our study showed 34.2% of participants prefer to go to private practitioners for treatment, the study conducted by Khanam et al where 58.33% participants gave their first preference to private practitioners for treatment of illness.^[7] The study showed, distance of the health facility from their residence is one of the important factor in seeking treatment. In this study 73.7% of participants prefer to go to nearby facility.

This study showed 24.7 % of women will choose the health facility on the basis of reviews from neighbours, 38.9% on the basis of quality of care and 26.3 % with the decision of family members. In this study 80% of women were aware of nearby health facilities, in a study conducted by Geetanjali Joshi et al 99.5% participants were aware of the nearby health facilities.^[8] In this study 79.5% of participants prefer government facility because of free of cost, quality of treatment and decision by the family members and consume the medications regularly as advised by the health care provider.

The sociocultural norms—such as needing permission and feeling inhibited about discussing health concerns—still influence health-seeking behaviour accessibility also played a major role, as nearby centres were more frequently chosen. Empowering women to make independent health decisions must be a priority.

CONCLUSION

In conclusion, this study provides valuable insights into the awareness of health-seeking behaviour among rural women. Addressing the identified barriers and implementing culturally sensitive interventions are crucial for improving the health and well-being of this vulnerable population. By empowering rural women with knowledge, access to healthcare, and social support, we can contribute to a healthier and more equitable society. Health education is an important tool to improve health seeking behavior among rural population.

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